THE JOURNAL
of the American Medical Association
Published Under the Auspices of the Board of Trustees
VOL. 150, NO. 17 CHICAGO, ILLINOIS DECEMBER 27, 1952
COPYRIGHT, 1952, BY AMERICAN MEDICAL ASSOCIATION

SURGICAL TREATMENT OF AORTIC STENOSIS

C. P. Bailey, M.D., H. P. Redondo Ramirez, M.D.
and
H. B. Larzelere, M.D., Philadelphia

Aortic stenosis is a relatively uncommon valvular condition, according to Bell,[1] and is usually produced by the ravages of rheumatic fever. Occasionally, it may be of congenital origin, the valve being fused into a tiny megaphone-like shape or cone similar to the condition found in congenital pulmonary valvular stenosis. On other occasions it may be seen as the end result of arteriosclerotic changes in the root of the aorta. It should not be confused with congenital subaortic stenosis, which is a less serious clinical condition analogous in some respects to congenital infundibular stenosis of the right ventricular outflow tract. Reich [2] feels that the arteriosclerotic form of aortic stenosis is fairly common. Here, the fibrosis and calcification begin in the aortic wall and involve the entire valve structure, producing a replacement with rigid tissue. Often, there is no fusion of the valve commissures in such patients, each rigid leaflet standing out individually. Such patients are nearly always of advanced years and do not present the severe signs of valvular obstruction so common in the rheumatic type. It is questionable whether surgery is indicated or can be of value in this type of patient.

DEVELOPMENT OF RHEUMATIC AORTIC STENOSIS

The actual development of the rheumatic stenotic state in the aortic valve follows two main patterns. In one pattern, the rheumatic vegetations and inflammatory reaction developing uniformly along the lines of valve closure of each cusp produce an adherence or agglutination of the edematous commissures beginning at the less mobile portion of the valve structure at the aortic insertion of the cusps. This fusion of the commissures may take place equally between each pair of valve leaflets and may progress until the valve orifice is reduced to a tiny triangular aperture in the center of the aortic ring. Subsequent intense fibrosis of the edges of the cusps, especially the free portion making up the residual orifice, keeps the remaining aperture rigidly open during both systole and diastole. There is, then, always an appreciable regurgitation associated with the stenosis. Subsequent calcification of the valve or of portions of it produces further anatomic and functional distortion (fig. 1).

In the other common pattern of the development of aortic stenosis, the process of commissural fusion may not be even or equal in all three commissures. This leads to distortion and eccentric dislocation of the orifice. For reasons not presently clear, the commonest type of unequal valve fusion is that in which the anterior commissure, the one between the two anterolateral cusps, becomes completely fused and obliterated, while the process is much more limited in the two posterolateral commissures. Thus, the two anterior leaflets become completely joined and thereafter anatomically and physiologically amount to only one large valve cusp. The valve is, in effect, transformed into a bicuspid valve, with the posterior leaflet acting as one cusp and the two fused anterior ones acting as the other. The residual valve orifice is displaced posteriorly. Since the new compound anterior cusp takes up about two-thirds of the circumference of the aortic ring, it is geometrically rigid and unyielding. Therefore, any remaining valvular function must be supplied by the less diseased posterior cusp. Indeed, there is often a surprising amount of residual mobility and function supplied by the posterior cusp and its incomplete fusion at the posterolateral commissures. This bicuspid valve is not infrequently completely competent, producing pure aortic stenosis often without a trace of hardening of the free valve edges. Extensive calcification may develop, usually involving the fused anterior cusps (perhaps because of their immobility).

Once thoroughly developed and advanced, aortic stenosis is an almost completely intractable condition and is poorly responsive to any medical therapy. Thus, while other rheumatic valvular conditions such as mitral stenosis, mitral regurgitation, or aortic regurgitation may

From the Division of Surgery, Department of Thoracic Surgery, Hahnemann Medical College and Hospital.
Read before the Joint Meeting of the Section on Anesthesiology and the Section on Diseases of the Chest at the 101st Annual Session of the American Medical Association, Chicago, June 12, 1952.
1. Text-Book of Pathology, Bell, E. T., editor, ed. 6, Philadelphia, Lea & Febiger, 1947.
2. Reich, N.: Personal communication to the authors.

be responsible for precipitating an attack of congestive heart failure, this failure will ordinarily respond readily to the usual medical modalities of rest, oxygen therapy, mercurial diuresis, digitalis, and restriction of sodium. However, when aortic stenosis is finally responsible for the production of congestive heart failure, response to these measures is either negligible or, at best, incomplete and unsatisfactory. This poor response to medical therapy is no doubt due to a combination of several factors. Among them is the obviously serious functional interference with the mechanism of coronary artery filling and flow. This is coupled with greatly increased demands made on the coronary circulation by the enormous bulk of the hypertrophied and constantly overworked left ventricle. The need for great acceleration in the speed of blood flow through the narrowed area requires great additional myocardial effort.[3] The natural tendency for any stenotic orifice to progressively tighten down toward the point of eventual obliteration also undoubtedly plays a part in the poor response of this condition to medical measures. Many of the patients with aortic stenosis are found in a definitely older age group (45 years plus). This would tend to imply that the elderly person's overworked ventricular myocardium, probably originally the site of rheumatic damage, may have undergone certain

Fig. 1.—Symmetrical fusion of aortic valve cusps in rheumatic aortic stenosis: *A*, normal valve; *B*, slight to moderate stenosis due to commissural fusion; *C*, extreme aortic stenosis.

irreversible changes tending to increase the rapidity of the patient's terminal downhill course, once initiated. It should be pointed out, however, that even persons in their 20's may have severe aortic stenosis that leads to rapidly progressive heart failure and death.

EARLY METHODS OF TREATMENT

Because of the extremely bad prognosis of well-developed aortic stenosis, the medical profession has long been seriously concerned with its possible mechanical (surgical) correction. Indeed, the first attempt at operative correction of a valvular lesion in a human being was that of Tuffier,[4] who successfully in 1913 digitally dilated a stenotic aortic valve by invaginating the anterior flaccid aortic wall, thus avoiding a direct opening into the lumen of the cardiovascular system. While such a technique is not to be recommended (or even countenanced today) because of the great danger of rupturing the aortic wall, the authors must admit to having seen an autopsy specimen presenting the necessary anatomic features that would have permitted such a procedure.

3. Wiggers, C. J.: Physiology in Health and Disease, ed. 5, Philadelphia, Lea & Febiger, 1949, chap. 44 (Dynamics of Valvular Lesions), p. 786.
4. Tuffier, T.: Etat actuel de la chirurgie intrathoracique, Tr. Internat. Cong. Med. 1913, London, 1914, Sect. VII, Surg., pt. 2, 249.
5. Bailey, C. P.; Glover, R. P.; O'Neill, T. J. E., and Redondo Ramirez, H. P.: Experiences with the Experimental Surgical Relief of Aortic Stenosis: Preliminary Report, J. Thoracic Surg. **20**:516, 1950.

Our present interest in this disease and its correction was stimulated by a discussion one of us (C. P. B.) had with the late Dr. Horace Smithy in June, 1948. Even at that time, he was in the last stages of his life due to aortic stenosis. This bold pioneer in the development of valvular cardiac surgery was brought to an untimely end by the disease in late 1948. As a result of this tragedy, our experimental efforts at the surgical correction of aortic stenosis were redoubled, eventually leading to the concepts and early clinical attempts reported in 1950.[5] At that time it was shown that efforts at correction of aortic stenosis by replacement of the stenotic state, with even a moderate amount of regurgitation, were doomed to failure. Not only is the sudden surgical production of aortic regurgitation poorly tolerated by normal hearts (80% mortality in normal dogs when a cusp is completely divided), but the diseased human heart that has gradually adjusted its mechanism and anatomy to better tolerate the ravages of aortic stenosis is even less well adapted and less able to accept the sudden burden of surgical conversion to aortic regurgitation.

The explanation for this phenomenon is simple enough. Successful compensation for the sudden production of aortic regurgitation in normal hearts can only be accomplished by sudden dilatation of the left ventricular chamber with maintenance of contractability. The increased ventricular ejection per beat (or minute, if you prefer) must be sufficient to equal the minimal output per beat (or minute) that is necessary to maintain life, plus an amount equal to that lost from the circulation by reflux into the ventricle. While change in rate might affect the specific statistical amounts of blood required per beat, the over-all primary requirement for effective compensation is a prompt and great dilatation of the left ventricle without loss of contractility. Interference with coronary arterial filling, and even with left ventricular filling during diastole, may also play an important part (a part at present incompletely appreciated) in the tendency to sudden death immediately after the establishment of aortic regurgitation.

To all these handicaps to compensation is added another in the case of the human heart with aortic stenosis suddenly converted to aortic regurgitation. The specialized adaptation to chronic obstruction of the aortic valve is accomplished by the production of great left ventricular wall thickening and hypertrophy, without commensurate enlargement of the ventricular chamber. This chamber is of normal size, except, of course, when there is an associated degree of coexisting aortic valve incompetency. Since this feature will usually be minimal in cases of clear-cut clinical aortic stenosis, it is not of much significance or pertinence to this discussion. In essence, the great hypertrophy and thickening of the muscular wall of the left ventricle makes it much less able than the normal ventricle to dilate suddenly to the degree necessary to compensate for even a small amount of aortic regurgitation. This was dramatically impressed on us by the death on the operating table of the first patient described in the preliminary report of two of us (C. P. B. and H. P. R. R.) with Glover and O'Neill.[5] Using a modification of the Brock technique for the surgical correction of congenital pulmonic stenosis, the aortic valve was enlarged by division with a knife with retractable blades

V 1
195

(similar to but larger than Pott's adjustable pulmonary valvulotome). Although a minimal amount of aortic regurgitation was produced, it promptly proved fatal. The same article included a report on two other patients with aortic stenosis subsequently treated by retrograde dilatation of the stenotic aortic valve. A straight dilator mechanism was passed through an incision in the right common carotid artery, through the innominate artery, and finally through the diminutive aortic valve orifice into the left ventricle. Subsequent experience with this method proved it to be extremely risky because of the danger of producing a false passage.

The employing of simple aortic dilatation was based on an observation by one of us (C. P. B.), an observation that can readily be confirmed by any interested practitioner by the manipulation of a fresh specimen showing aortic stenosis, in the autopsy room. Any simple dilating device applied into the orifice of the stenotic aortic valve can produce an enlargement of the opening by splitting or tearing apart one or more of the fused commissures. This is a procedure somewhat comparable to digital separation of the commissures of the stenotic mitral valve and results in restoration of a fairly normal valvular function and relief of stenosis without the simultaneous production of regurgitation. It is true that the procedure is necessarily performed somewhat blindly and is therefore theoretically less satisfactory than digitally guided commissurotomy. However, attempts to pass a finger directly through the stenotic aortic orifice by way of the mitral valve (Redondo Ramirez maneuver) have been generally unsuccessful in the adult human heart because of danger of tearing of the mitral septal cusp or its papillary support.[6] A reported attempt to pass a finger directly through the left ventricular wall to reach the aortic valve has also been unsuccessful because of inability to subsequently control ventricular bleeding.[7]

150
952

SURGICAL CORRECTION: FORMER INSTRUMENTATION

This present report deals with a series of 21 additional patients with severe aortic stenosis treated by simple dilatation of the obstruction; that is, instrumental separation of one or more of the fused aortic commissures with subsequent restoration of a considerable portion of normal valvular function. Only the first of these additional patients was treated by retrograde passage (by the carotid approach) of the dilating instrument. That case ended in disaster, since the operator (C. P. B.) was unable to engage the instrumental tip in the tiny and eccentrically located valve orifice. The instrument finally perforated a sinus of Valsalva and entered the right ventricular chamber. Immediate mechanical dilatation of this false passage compounded the insult and resulted in the patient's prompt death. Postmortem examination convinced all concerned that retrograde passage of the dilator, while seemingly easy on the patient, inevitably carried with it great inherent risks that obviously must result in a high, irreducible operative mortality. The seemingly less attractive approach through the left ventricle, while necessitating a major thoracotomy and transmyocardial passage of the instrument, is inherently less dangerous and more easily controllable. Therefore, it was employed in subsequent cases.

At first, we felt that a curved aortic dilator of the "umbrella" type, with three spring-like blades, capable of outward bowing on manipulation of a mechanism to shorten the central shaft, would afford a satisfactory means of enlargement of the valve orifice. This instrument was used on the next 11 patients. The tip of the instrument was engaged and passed through the valve in each instance, and the instrument was opened to the fullest extent (¾ in. [1.91 cm.] diameter) and passed back and forth through the obstruction at least twice. It was then closed and removed from the heart.

Two of these 11 patients died in the hospital subsequent to this surgery. One of these deaths was on the operating table and was apparently due to progressive, enormous, and uncontrollable dilatation of the heart shortly after opening of the valve. At autopsy it was disclosed that this valve was of the arteriosclerotic type in which the leaflets were individually replaced by calcium without any commissural fusion. The valve was rather springy, and it was evident that the only effect of the dilator had been to temporarily distend the passageway, which promptly retracted after removal of the instrument. The other operative death occurred 13 days after presumably successful surgery. The phenomenon of late peripheral arterial embolization with absent femoral pulses and symptoms of mesenteric embolization was apparent. Whether the emboli were originally bits of loosened calcium from the traumatized valve or whether they were clots developed on the site of the inner aspect of the ventricular wound is uncertain, as postmortem examination was not permitted.

Ventricular fibrillation developed in one other patient prior to the valvular manipulations. Attempts at defibrillation by massage and electric countershock were ineffective until after the valvular obstruction was relieved. The patient then did well and was discharged 11 days postoperatively, apparently improved. Approximately one month following discharge, she contracted an upper respiratory infection, followed by evidences of a blood stream infection, from which she subsequently died. A fourth patient died 12 days after discharge, apparently from suddenly developing cardiac failure. Examination of his heart revealed that there had been some enlargement of the aortic orifice due to separation of one fused commissure; however, the actual amount of orificial enlargement was disappointingly small. The other seven patients in this group have shown degrees of improvement varying from slight to great. However, one of them has had a return of anginal pain and of myocardial insufficiency after the elapse of several months.

We became displeased with the results of aortic dilatation by this means, or at least by the use of this instrument. We felt that the actual amount of dilatation accomplished had been insufficient to provide adequate clinical relief in several of these cases. We felt, further, that forcible passage of the opened, umbrella-like dilator head back and forth through the valve orifice was unduly traumatic, tending as it did to pull the heart and its aortic attachment away from each other. Furthermore, we felt that this instrument did not have sufficient power to

6. Brock, R. C.: Personal communication to the authors.
7. Harken, D. E.: Personal communication to the authors.

separate the more highly calcified valves. When we found it impossible to engage the dilator tip within the valve orifice in another patient (not included in this report because the valve was not entered or dilated), we became convinced that a better method was imperative.

SURGICAL CORRECTION: PRESENT INSTRUMENTATION

It seemed to one of us (H. B. L.) that an instrument might be made to follow a previously passed wire much as an esophageal dilator follows a string previously passed through a stricture. Thus, proper passage of the instrument through the valve would be insured, and the risk of producing a false passage or a perforation of the heart would be removed. Furthermore, we visualized a powerful dilating mechanism embracing the use of parallel dilating bars that could be inserted into the valve in a closed position and then mechanically opened. Thus, dilatation could be accomplished without any tendency to tear the heart and aorta apart. Such an instrument already existed in miniature form—Brock's pulmonary valve dilator. We felt that the mechanism could be modified to include a third dilating bar rather than just Brock's two. With these specifications in mind, a new type of dilator was invented by Major Sherman Donaldson.[8] Since the dilator has become available to us, we have widely dilated the stenotic aortic valve in nine patients. Six of them have had concomitant mitral stenosis, and this has been corrected by commissurotomy (either digital or incisional, in each case at the same operative stage) just before opening the aortic valve. There has been no death in this series of nine patients, and all have apparently had excellent results.[9] One patient, a 14-year-old girl, showed postoperative evidences of some aortic regurgitation. This was not subjectively symptomatic at the time of this writing, but it suggests that too much dilatation may have been accomplished in this person.

Technique of Aortic Commissurotomy.—The technique employed for correcting aortic stenosis varies, depending on the presence or absence of coexisting mitral stenosis of a degree requiring mitral commissurotomy. We believe that simultaneous correction of both valves, when both are involved, is essential to maintain proper balance to the altered circulation. In two patients in whom the mitral stenosis was corrected but the opening of the aortic valve was put off to a later date, death followed within a few days of the first operation, apparently due to heart failure. We feel that aortic dilatation alone would have been equally unsatisfactory. When only the aortic valve is diseased, we feel that the patient should be placed in the supine position and that the anterolateral incision should be placed over the left fifth or sixth interspace. The interspace is widely opened, and the lung is permitted to collapse. The internal mammary vessels are divided and ligated. The costal cartilages are cut close to the sternum, and the ribs are spread widely apart.

A 2 in. (5.08 cm.) transverse incision is made into the pericardium about an inch (2.54 cm.) above the ventricular apex, taking care not to injure the left phrenic nerve. All divided pericardial vessels are ligated, and the pericardial edges are separated by traction sutures. A purse-string suture of heavy (no. 2) braided silk is placed about an area 1½ in. (3.81 cm.) across, in triangular fashion, biting deeply into the left ventricular myocardium. Care is taken to avoid the ventricular apex, which is often very thin. A relatively avascular portion of the ventricle is chosen, and the medial extension of the purse-stringed area is kept reasonably close to the left anterior descending coronary artery (which vessel marks the approximate location of the interventricular septum). The ends of the purse-string suture are incorporated in a Rumel-Belmont tourniquet. This provides easy, reliable control of hemorrhage from the ventricular chamber. Another pericardial incision (longitudinal) is made over the base of the heart and medially. This permits the operator to feel the root of the aorta with his left hand, the fingers passing behind the aorta and the thumb lying in front of it. A localized systolic vibration upon the aortic wall about an inch above the valve (usually located on the right aortic wall) marks the point at which the jet of blood issuing from the stenotic, nozzle-like valve orifice strikes the inner wall of the aorta. In cases of congenital aortic valvular stenosis (one in this series), the region of the valve ring is definitely constricted while the aorta beyond this point is widely dilated much like the anatomic situation seen in congenital pulmonary valvular stenosis. In cases with much valvular calcification, the latter can be palpated through the intact aortic wall.

A ¼ in. (0.64 cm.) incision is made transversely in the center of the purse-stringed portion of the ventricular wall. The olivary tip of the wire guide is passed through the incision into the left ventricular chamber. It is guided somewhat toward the interventricular septum and upward toward the aortic valve. Usually, it passes readily into the aortic lumen and is immediately palpable on aortic compression to the thumb and index finger of the left hand. Occasionally, it is necessary to bend or redirect the wire guide to cause it to enter the valve (fig. 2). The dilator, which is already threaded over the distal end of the guide wire, is set for the maximum aperture that it is felt this particular aortic valve should accept, and the safety mechanism (which prevents opening of the dilator during passage) is locked. The tiny ventricular incision is lengthened to ½ in. (1.27 cm.), and the instrument is boldly passed into the heart until the dilating head is felt by the palpating left hand to lie halfway through the stenotic aortic valve (fig. 3). Some pressure may be necessary to insert the closed instrument if the valve orifice in very constricted or calcific. The dilator having been sufficiently inserted, the safety catch is released and the parallel dilating bars are opened by squeezing the right hand against the grips of the handle of the instrument (fig. 4). The swivel attachment of the dilating head permits automatic rotation, which allows the three wedge-like dilating bars to adjust to any remaining traces of the original valve commissures. The valve orifice is thus enlarged by separation of one or more of the fused commissures. The instrument is then closed, the safety lever is set, and the apparatus is withdrawn from the heart. Bleeding has been controlled throughout the definitive surgery and at its completion by tension upon the purse-

8. The new dilator will soon be available from G. P. Pilling & Sons, Inc., Philadelphia.

9. Since the presentation of this paper, eight additional patients have been operated on (four with concomitant mitral stenosis), with seven good results and one operative death.

string suture through the tourniquet. Several interrupted sutures are placed in the myocardium, and the purse-string suture is removed. The lower pericardial incision is closed, but the upper is left open for drainage.

Technique of Mitral Commissurotomy.—In those patients in whom coexisting mitral stenosis requires simultaneous commissurotomy, the left lateral approach is chosen. The left fifth interspace is widely opened, the lung is compressed, and the heart is approached as for uncomplicated commissurotomy. The upper mediastinum is dissected, and small-caliber umbilical tapes are placed about the left common carotid artery and the innominate artery. The tape about the latter is connected with a Rumel-Belmont tourniquet. From then on, simultaneous tightening of the tourniquet and traction kinking of the left common carotid artery will temporarily (not over two minutes) shut off the flow of carotid blood to the brain. This will protect the brain from embolization during the strategic moments of the definitive surgery on both valves in the event that particulate matter (clot or calcium frag-

Fig. 2.—Passage of guide wire of dilator through ventricular chamber into aorta.

ments) should be inadvertently released into the circulation. The mitral commissurotomy is then performed in the usual manner, great care being taken, however, not to produce any appreciable mitral regurgitation. The high intraventricular pressure in such cases will greatly aggravate the effects of any mitral regurgitation produced.

After completion of the mitral surgery, the aortic valve is approached from the lateral aspect of the left ventricle, much in the manner previously described when the anterior approach is used. There seems to be more tendency, however, for the wire guide to fail to find and to enter the aortic orifice when inserted from the lateral approach than from the anterior. On the other hand, the lateral approach permits carotid compression to protect the cerebral circulation from embolization by particulate matter that might be dislodged from the aortic valve at the moment of dilatation. Should a fall in blood pressure or other untoward sign after completion of the commissurotomy cause one to feel that the further aortic surgery would be unduly risky, the wound may be closed posteriorly and the patient turned on his back. The supine position frequently results immediately in great improvement in the circulatory status and may shortly thereafter permit the aortic dilatation to be performed from the anterior approach by a slight anterior extension of the incision. Similarly, it is probable that a patient in

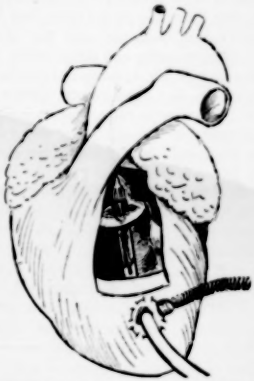


Fig. 3.—Passage of closed dilator along guide wire through narrowed valve orifice.

whom the aortic valve has not been located by the wire finder from the lateral approach may be successfully subjected to aortic dilatation by turning him on his back and extending the incision anteriorly. Patients with

Fig. 4.—Dilatation by separation of three parallel, wedge-type bars. Note how automatic swivel permits accurate fitting of bars into commissures. This produces accurate separation of one or more of the commissures except in cases of extreme pathological change.

double stenotic valvular lesions do not do well unless both are corrected simultaneously.

While it is essential to establish an adequate passageway through the aortic valve, it is by no means necessary to restore the valve aperture to normal size. The heart in the clinical patient is well adapted to compensate for a

fairly severe degree of stenosis (usually about 10% of normal size). Opening the valve to 50% of its normal size will completely relieve all symptoms. It is conceivable that excessive dilatation might not only result in some degree of aortic regurgitation, as in one of our cases, but might even cause rupture of the aortic wall by extreme extension of the produced commissural splitting. Immediately after dilatation of the valve, the previously localized systolic "jet" palpable over the lateral aortic wall becomes a rather coarse and diffuse thrill. The aorta appears to present a higher intraluminal pressure (which can be confirmed by direct manometry before and after the dilatation). If the aortic valve is extensively calcified and, hence, palpable prior to dilatation, it can sometimes be felt to be fractured and to grate (crepitus) subsequently. The left intraventricular pressure is high preoperatively but drops after relief of the obstruction at the same time the aortic pressure rises. Subsequent electromanometric curves of the peripheral arterial pressure reveal marked changes toward the normal.

Postoperatively, these patients have usually had a minimum of difficulty. While they, as a rule, have considerable pericardial pain (traumatic pericarditis) and, hence, some difficulty in expectoration of bronchial secretions, their circulatory state seems generally to be better than that of successfully operated cases of mitral stenosis at equivalent postoperative periods. Ordinarily, they may be discharged from the 10th to the 14th day after surgery. The systolic murmur over the aortic valve usually persists much as does that over a surgically divided, congenitally stenosed pulmonary valve. It may even become louder because of the greater flow of blood. If aortic regurgitation has been present preoperatively, a diastolic murmur will persist along the left side of the sternum. If any degree of aortic regurgitation has been produced for the first time by surgery, a diastolic murmur in this location will become evident. This was the case in one of our patients. Her diastolic blood pressure level dropped from a preoperative average of 80 mm. of Hg to a postoperative average of 60 mm. of Hg. In another case a postoperative aortic diastolic murmur was present for several days and then disappeared.

The eventual degree of cardiac and circulatory improvement obtained in the 11 patients operated on by our former method (old spring-type instrument passed by the transventricular route) has appeared to be appreciably less than that which we would expect in adequately corrected mitral stenosis. We feel that this was partially due to the somewhat inadequate level of dilatation accomplished by the older instrument. The apparent improvement in the recent series of nine patients more adequately dilated is much more striking.

SUMMARY AND CONCLUSIONS

Incisional division, such as that used in congenital pulmonic valvular stenosis, is not satisfactory for the treatment of acquired aortic stenosis. Inadvertent or intentional production of even a small degree of aortic regurgitation during an attempt at surgical relief of aortic stenosis is likely to end disastrously. The thickened left ventricular wall and the nondilated ventricular chamber render the heart in aortic stenosis particularly unadaptable to compensate for the sudden surgical production of aortic regurgitation.

Dilatation of the stenotic aortic valve (at least in cases of rheumatic causation) nearly always results in separation of one or more of the fused valve commissures. Thus, valvular function can be, to a degree, restored without the production of appreciable regurgitation. Dilatation of the aortic valve cannot be reliably and safely performed from the retrograde approach (via the innominate artery and the ascending aorta), mainly because of the adverse direction of the valve structure. This difficulty is often compounded by extreme pathological distortion of the valve components. Dilatation of the aortic valve can with reasonable safety be adequately performed from below, using the new dilator and its incorporated wire guide. Dilatation of the aortic valve is most surely and satisfactorily performed from an anterior approach with the patient supine.

When serious degrees of aortic and mitral stenosis coexist, both valves should be opened at the same operative session. We have preferred to precede the aortic dilatation by the mitral commissurotomy. Two patients in whom only the commissurotomy was performed died, presumably because of imbalance of the circulation, with entrance of the blood into the left ventricle increased at the same time that obstruction to the ventricular outlet has remained. When both valves are to be operated on simultaneously, the lateral approach is preferable.

An adequate opening of the stenotic aortic valve is essential for marked and prolonged clinical improvement, but this need not be over 50% of the normal valvular aperture. The hospital mortality in 11 patients in whom the valves were inadequately dilated by the older instrument was 18.1%; however, two other patients died within six weeks, making the actual mortality 36.2%. There has been no mortality, operative or late, in nine patients more adequately operated on using the new instrument. Six of these patients were subjected to simultaneous commissurotomy procedures for coexisting mitral stenosis. In view of the improved clinical results and the apparently greatly reduced risk of the present operation, it is felt that operative help should be offered to many patients with a severe form of this serious disease.

249 N. Broad St. (7) (Dr. Bailey).

Surface Treatment of Burns.—The surface treatment of burns, historically, represents the quest for something which will "hasten healing." As increasing knowledge of the biology of healing has become available, there has been increasing realization that our quest should be for a surface dressing which gives comfort and support and which does not retard healing. It is unlikely that the normal process of tissue synthesis involved in healing can be hastened by any means now known. The re-emphasis on the open treatment has served the very useful purpose of re-emphasizing the fact that a *dry* burn is a relatively comfortable situation, under which remarkably extensive re-epithelization may occur. In our experience, a dry dressing may be effective in producing the same result; wherever there is both heat, pressure and moisture (i. e., a burn of the back where the patient must lie on the back), this dryness is impossible of achievement. The full open treatment requires careful nursing supervision but, with this support, can produce remarkably good results. If a dressing is used, the simplest dry dressing, well padded and with firm support, serves the purpose well.—Francis D. Moore, M.D., Burns: An Annotated Outline for Practical Treatment, *The Medical Clinics of North America*, September, 1952.

DERMATITIS OF LOWER LIMB AMPUTATION STUMP

Ira Leo Schamberg, M.D., Philadelphia

The person who has had amputation of a lower limb and who wears a prosthesis subjects the skin of his stump to multiple insults. Mechanical trauma, if acute, may cause edema, erythema, denudation of epithelium, or ulceration; if chronic, it may cause lichenification, callus formation, and hyperpigmentation. Acute contact dermatitis caused by primary irritants or allergenic substances may result in edema, erythema, and vesiculation; chronic contact dermatitis produces scaling, eczematization, lichenification, and hyperpigmentation. Increased warmth and moisture may cause localized anhidrosis,[1] miliaria, and maceration. Secondary bacterial infection may follow any of the above conditions. The prosthetic bucket and corset enclose the stump tightly and cause pressure and friction from the piston motion in walking. Warmth and moisture result from inadequate ventilation of the skin, which is covered by impermeable material. The

Fig. 1.—Multiple, raspberry-like, red, soft papules on posterior tip of the stump caused by vascular dilatation that resulted from a high negative pressure in suction socket; the condition was relieved by reduction of negative pressure by prescription of a larger bucket.

almost universal use of the woolen stump sock, except by amputees who wear suction sockets, may cause irritation. In the suction socket, the negative pressure may produce edema, petechiae, or dilatation of venules and capillaries at the tip of the stump. I have never seen dermatitis of an arm amputation stump and believe that this is rare because of the absence of the factors mentioned above, even in those amputees who wear an upper extremity prosthesis.

Many persons who have worn lower limb prostheses regularly for years deny ever having had irritation of the stump skin and show either normal skin or only mild hyperpigmentation and localized callus over pressure points; however, a number of amputees have persistent or recurrent dermatitis of the stump that is often incapacitating and necessitates doing without the limb for days or weeks at a time.

The commonest problem is pyogenic folliculitis. This is usually worse in the summer, when increased warmth and moisture from sweating promote maceration of the stratum corneum of the epidermis; this favors invasion of micro-organisms into the hair follicles. Folliculitis may progress to furuncles, cellulitis, chronic cyst formation, and, occasionally, to a pustular, weeping, and crusted superficial pyoderma. Therapy includes wet dressings,

Fig. 2.—Extensive scarring acne vulgaris of trunk in patient with acne lesions on stump.

incision and drainage, oral or parenteral use of antibiotics, and local bactericidal applications. Prophylaxis comprises the most important aspect of the handling of these patients, inasmuch as the lesions always heal but tend to recur. Substitution of a proper weight cotton stump sock[2] for the woolen stump sock, sponging with a solution of 1:600 mercury bichloride in 70% isopropyl alcohol, and inunction with an antibiotic ointment twice daily have been found to be effective measures. Penicillin ointment is not used because of its high sensitizing potential. Sometimes it is necessary to limit the number of hours that the patient wears his prosthesis. In several patients, prescription of a suction socket cured chronic folliculitis of years' standing.

Mechanical trauma from contact with the prosthetic bucket is another frequent source of dermatitis. Expert

From the Veterans Administration Regional Office.

1. Shelley, W. B.; Horvath, P. N., and Pillsbury, D. M.: Anhidrosis: Etiologic Interpretation, Medicine **29**: 195-224 (Sept.) 1950.

2. John J. McCann, Burlington, N. J., manufactures an all cotton stump sock equivalent in weight and thickness to the standard ply 4 woolen stump sock.

150
952

adjustment of the bucket, cutting out pressure areas, and filling other areas to distribute pressure more equally will frequently solve the problem. In one of our patients, horny follicular plugs developed from bucket trauma; these were torn by the piston action of the stump in the socket, resulting in recurrent pyogenic infections. Although local keratolytic and bacteriostatic therapy cleared the condition, it has tended to recur from time to time.

Fig. 3.—Inflammatory papules and pustules of acne vulgaris.

The suction socket depends on the establishment of a negative pressure within the bucket to maintain the limb in place. With each step there is alternation of positive and negative pressure. When the negative pressure is too great, ecchymosis, telangiectasia, purple discoloration, and swelling of the end of the stump, usually posteriorly, may ensue. The pressure may be measured by a gage and may be reduced by adjustment of the bucket to enlarge the air space. Figure 1 illustrates a stump subjected to too great negative pressure. Pressure readings while walking were negative 2 lb. (0.9 kg.) to positive 1 lb. (0.5 kg.) per square inch. On prescription of a larger suction socket bucket there was prompt amelioration of the skin picture, and pressure readings were negative, 0.5 kg., to positive, 0.9 kg.

Fig. 4.—Tinea circinata confirmed by microscopic demonstration of mycelia, confined solely to the stump. Localization caused by favorable environment for fungus (warmth, moisture, and maceration), resulting from enclosure of the stump in the prosthetic bucket.

Because of the abnormal environment of the skin of the stump, a number of generalized dermatoses have been seen to localize in this area. Among those we have encountered are acne vulgaris, tinea corporis, lichen planus, verruca vulgaris, and eczematoid dermatitis.

The patient illustrated in figures 2 and 3 had pitted and banded scars of acne vulgaris, with few active lesions, on his face, neck, back, and chest. The intact leg and thigh were free of lesions, but, on the below-knee amputation stump as well as the thigh on the amputated side, over which a leather supporting strap lay, there were many inflammatory papules, pustules, and pitted scars.

Fig. 5.—Chronic eczematous dermatitis of stump. Patient had eczematous lesions elsewhere on skin that were less severe and less disabling.

Fig. 6.—Extensive verruca vulgaris of stump, unresponsive to treatment.

Conventional acne therapy, including change from a woolen to a cotton stump sock, topical application of a cream containing sulfur, salicylic acid, and resorcinol, ultraviolet light, dietotherapy, estrogen administration, and thyroid, was of little avail. Premarin® (a conjugated estrogenic substance [equine] for topical use) cream applied to the stump appeared to be of some value.

Figure 4 depicts lesions of tinea corporis that were proved by microscopic examination; they appeared only on the part of the stump enclosed by the prosthetic bucket. There were no other cutaneous lesions. There was complete relief from itching and almost complete clearing of the lesions within two weeks after institution of treatment with a fungicidal ointment and powder. The

patient was treated and observed for six months, during which time he wore his prosthesis regularly, and the lesions did not recur.

Figure 5 shows a severe eczematous dermatitis of the stump of 17 months' duration, which had been extremely resistant to treatment. The process cleared rapidly after use of the artificial limb was forbidden, and four months later the skin of the stump was still normal in appearance. This patient also had eczematous lesions on the opposite heel and in skin graft scars, but the process was less severe and less disabling in these areas.

Figure 6 shows an extensive confluent lesion of verruca vulgaris on the tip of the stump of five years' duration; this condition began two years after amputation. Vigorous treatment over a nine month period with formaldehyde soaks and paint, resin of podophyllum paint, bismuth sodium triglycollamate ("bistrimate") orally, 40% salicylic acid plaster, salicylic acid paint, and superficial electrofulguration was ineffective.

SUMMARY AND CONCLUSIONS

Because of the varied insults to which the skin of the lower limb amputation stump is subjected when a prosthesis is worn, a variety of dermatoses are found to localize in this area. Dermatological management is often needed to cope with the cutaneous problems that may arise.

Elkins Park Medical Bldg.

THE NATURE OF THE PEPTIC ULCER PROBLEM

Charles T. Stone, M.D., Galveston, Texas

The purpose of this discussion is to examine, from a critical point of view, the concepts of the causes of peptic ulcer as they are currently understood, to consider the defects in the methods employed for ulcer control, and to inquire into what may be done in order that the generally unsatisfactory status of the management of the disease may be improved. The present generation of physicians has witnessed greater advances in medicine than have occurred in any previous corresponding period, but few, indeed, are the really significant additions to the knowledge of peptic ulcer. Those that have been made have altered but slightly the basic understanding and treatment of the disease, this despite an enormous amount of effort directed toward the solution of the problem at both the experimental and clinical levels.

CAUSE OF PEPTIC ULCER

Outstanding among the obstacles to progress in treatment of ulcer is the incomplete understanding of the causes of the disease. This does not imply that many well-established factors, important in this regard, are not generally accepted. What is readily apparent, however, is that all the knowledge now available falls short of furnishing a total etiological explanation of peptic ulcer.

Among the anatomic features conducive to ulcer development should be mentioned the arterial supply to the musculature and mucous membrane of the stomach and duodenum. After the larger arteries divide into smaller branches and arterioles, these vessels course between the muscular coats of the viscus and divide into still smaller branches that come off at right angles to the parent trunks, whence they proceed to the submucosa. These are relatively long, thin-walled, end arterioles. Additionally, there is a rich supply of vasomotor nerves to these submucosal vessels.[1] This creates conditions favorable to localized interference with the blood supply to the mucosa, especially along the lesser curvature of the stomach, and in the first portion of the duodenum, from many causes, in particular from vasoconstrictor impulses of sympathetic nervous system origin, by embolization, and from obliterative arterial changes. Furthermore, the action of the muscular coats of the stomach and duodenum by increased pressure resulting from hypertonicity and hypermotility may likewise cause a reduction in the normal circulatory status. Since these latter factors are vagal effects, it becomes clear that the mucosal circulation may be reduced by direct sympathetic nerve action and indirectly by overactivity on the part of the parasympathetic nervous system. One of the means by which improvement is achieved after vagatomy is explained on the basis that the operation lessens compression of arteries by abolishing hypertonicity and hypermotility, thus increasing the mucosal blood flow. That arteriolar spasm and reduction in the blood flow by vessel compression or from any other cause may give rise to increased vulnerability of the mucous membrane to ulceration can scarcely be doubted.

The least contestable feature of the complex of causative factors in peptic ulcer is the destructive action of acid-activated pepsin in the gastric secretion. The old aphorism "no acid, no ulcer" is so nearly true that the rare exceptions support, rather than nullify, the general rule. Duodenal ulcer practically never occurs in the absence of acid; gastric ulcers occasionally do. Not alone is the presence of acid essential, it is usually found at high levels, augmented by hypersecretion. There is common agreement that hyperchlorhydria and hypersecretion are predominately the result of increased vagal tone. Other impulses supplying stimuli to gastric secretion are in the nature of secretory substances, either enzymes or hormones, as yet imperfectly understood, probably elaborated from the mucous membrane of antrum of the stomach and jejunum, and possibly from other sources. How important these substances may be in the genesis of ulcer is at present unknown.

There is further, but inconclusive, evidence that other substances antagonistic to ulcer formation may be elaborated from several sources. Mention will be made of only

From the Department of Internal Medicine, University of Texas, Medical Branch.

Read before the General Scientific Meetings at the 101st Annual Session of the American Medical Association, Chicago, June 9, 1952.

1. Reeves, T. B.: A Study of the Arteries Supplying the Stomach and Duodenum and Their Relation to Ulcer, Surg., Gynec. & Obst. 30:374, (April) 1920. Boles, R. S.; Riggs, H. E., and Griffiths, J. O.: The Role of the Circulation in the Production of Peptic Ulcer, Am. J. Digest. Dis. 6:632 (Nov.) 1939.

two that show some promise of being concerned with this action. Enterogastrone [2] is a jejunal mucous membrane extract. Urogastrone,[3] obtained from urine, is thought to be a metabolic end-product of enterogastrone. The name "anthelones" has been given all substances thought to possess antiulcer properties. Both experimentally and clinically these agents have been shown to have some antiulcer action, but even their most ardent advocates do not claim that they constitute completely acceptable forms of ulcer therapy. This line of reasoning argues that normal persons are spared the ravages of ulcer because they have anthelones in adequate amounts. Such may be the case; if so, the future will have to provide the proof.

Patients with peptic ulcer have in the majority of instances a classic "ulcer habitus." They are typically long-bodied, underweight, asthenic persons in whom length is the outstanding physical characteristic. A long facies, long teeth, and a narrow costal angle are usually conspicuous in the physical picture. Just how the physical constitution bears on the causation of ulcer remains obscure; yet the conformity of the great number of patients with ulcer to the general pattern suggest that it is a matter of more than passing significance. It has been correctly pointed out that the typical body configuration is more classically seen in patients with duodenal ulcer and much less often in those with gastric ulcer. It should not be overlooked that, in any group of patients with ulcer, there will be found those whose physical status would never cause them to be suspected of having ulcer should they be studied in a constitution clinic like that of George Draper in New York.

Schematic representation of factors known to be significant in the causation of peptic ulcer.

That psychic factors play a prominent role in the causation of ulcer is doubted by no one. The anxious, ambitious, partially frustrated, resentful, overactive patient whose daily life is beset with conflicts, always with a goal he can hardly reach, is almost as much a part of the picture of ulcer as is the epigastric pain occurring two to three hours after meals. Many have tried to create a typical psychogenic and emotional picture for ulcer. One readily admits that it is fairly constant as far as the average patient is concerned, but that there is one emotional pattern infallible for ulcer is untenable. Any stressful or anxiety state can eventuate in ulcer. Likewise, the ulcer incidence in patients with major psychoses is high enough to support the claim that any type of psychogenic or emotional disorder may be of significance in ulcer production.

There is now being accumulated information concerning the *modus operandi* of psychic and emotional stress as they relate to the production of ulcer. Selye [4] showed, in his early studies of the alarm reaction that animals under stress might and often did exhibit mucosal erosions in the stomach, which is far removed from the statement that similar conditions in man result in chronic peptic ulcer. There is now at hand information to the effect that the administration of corticotropin (ACTH) and cortisone produce marked increase in the gastric secretion and higher values for hydrochloric acid and pepsinogen.[5] In other words, the effects of stress, from any cause, may stimulate the pituitary to an increased production of corticotropin, which in turn produces an accelerated secretion of steroid hormones by the adrenal cortex that may activate some of the very processes so active in patients with ulcer. There have also been reported instances in which ulcers were apparently caused by treatment with corticotropin or cortisone, or latent ulcers were activated, or known ulcers were made worse by it.[6]

One does not need to look far to find confirmatory evidence of the effects of nervous tension in patients with ulcer. During the air raids over London, the number of patients with perforated ulcers admitted to London hospitals tripled.[7] Statistics from the hospital of the Krupp works in Germany showed a sharp increase in ulcer after the beginning of World War II.[8] In Holland, during the German occupation, a similar situation prevailed.[9] In our own country, a few to several million persons have chronic peptic ulcer, and, unless the evidence is misleading, the incidence is increasing, owing apparently to the accelerated tempo and ever more complex and stressful conditions of modern life. All of these facts unequivocally support the dominant role of psychic factors in the production of ulcer.

Therefore, it is possible to compress into a small space the known facts with regard to the causation of ulcer. For purposes of academic convenience, they may be expressed in the form of an equilateral triangle in which the sides of the triangle are composed of (1) the physical constitution and (2) the psychic and emotional factors, and the base is the acid component in the gastric juice (see the accompanying figure). I do not intend to convey the impression that these known factors are the only ones operative in the production of ulcer. There are numerous

2. Gray, J. S.; Bradley, W. B., and Ivy, A. C.: On the Preparation and Biological Assay of Enterogastrone, Am. J. Physiol. **118**: 463 (March) 1937.

3. Sandweiss, D. J., and Friedman, M. H. F.: The Use of Urine Extracts in the Treatment of Ulcer, editorial, Am. J. Digest. Dis. **7**: 50 (Jan.) 1940.

4. Selye, H.; Stehle, R. L., and Collip, J. B.: Recent Advances in the Experimental Production of Gastric Ulcers, Canad. M. A. J. **34**: 339 (March) 1936.

5. Gray, S. J.; Benson, J. A., Jr.; Reifenstein, R. W., and Spiro, H. M.: Chronic Stress and Peptic Ulcer: I. Effect of Corticotropin (ACTH) and Cortisone on Gastric Secretion, J. A. M. A. **147**: 1529 (Dec. 15) 1951.

6. Gray, Benson, Reifenstein, and Spiro.[5] Kirsner, J. B.; Klotz, A. P., and Palmer, W. L.: Unfavorable Course of Gastric Ulcer During Administration of ACTH and Cortisone, Gastroenterology **20**: 27 (Jan.) 1952. Smyth, G. A.: Activation of Peptic Ulcer During Pituitary Adrenocorticotropic Hormone Therapy, J. A. M. A. **145**: 474 (Feb. 17) 1951. Moe, A. E.: Gastric Ulcer Appearing During Cortisone Administration: Report of a Case, Gastroenterology **20**: 343 (Feb.) 1952.

7. Stewart, D. N., and Winser, D. M. de R.: Incidence of Perforated Peptic Ulcer: Effect of Heavy Air-Raids, Lancet **1**: 259 (Feb. 28) 1942.

8. Rothe, H.: Zunahme der Magen- und Zwolffingerdarmgeschwüre im Kriege? Deutsche med. Wchnschr. **67**: 810 (July 25) 1941.

9. Boerema, I.: Gastroduodenal Ulcer, a Spastic Disease, Ann. Surg. **127**: 413 (March) 1948.

hiatuses that needed to be bridged; hence in the diagrammatic representation the sides of the triangle for physical constitution and psychic and emotional factors are composed of broken lines, indicating the incompleteness in the understanding of these elements. The acid base is unbroken because its significance is hardly open to doubt. Singly, none of them causes ulcer, but it appears that there exists an unmistakable linkage between these three basic factors and that the interaction between them, and doubtless other causes as yet unknown, results in ulcer formation. The gaps need to be filled in; perhaps too, additional facts, not necessarily related to those already established, are necessary.

It is impossible to give credit to all who have made noteworthy contributions to the knowledge of ulcer, but a few must be recognized. The first is Mann,[10] who with Williamson devised an operation on dogs that shunts the gastric secretion directly into the jejunum and the duodenal secretion into the lower ileum. This procedure regularly causes the formation of an ulcer at the point where gastric juice strikes the jejunal mucosa. Such ulcers are identical with chronic peptic ulcer in man. Animals so treated give the only satisfactory laboratory counterpart of the clinical disease on which various experimental treatment procedures and screening techniques may be employed to determine their possible usefulness. It may be said rather categorically that any method of therapy that does not retard the formation of ulcer in or cause benefit to the Mann-Williamson dog is useless in the treatment of human ulcer. To be sure, other experimental methods of ulcer production have been described, e. g., the histamine-beeswax ulcers of Wangensteen, but, except for confirming previously held concepts, these methods have not added greatly to the total of ulcer knowledge.

Wolf and Wolff[11] have confirmed and greatly extended the work begun by William Beaumont many years ago, thus establishing by factual evidence the great importance of psychic influences, not alone in cases of ulcer but in the broader field of gastric function as well. The importance of these scientifically made observations cannot be overemphasized.

In the last two decades the continuing studies of Draper[12] on the physical constitution in patients with ulcer have added fundamental and lasting information. Not content with his studies of the physical aspects alone, he correlated them with carefully made physiological and psychobiologic observations that integrated these aspects of the subject as had never been done before.

More recently, Dragstedt,[13] in his revival of section of the vagus nerves in the treatment of peptic ulcer, has not only added a valuable therapeutic procedure but has stimulated a vast amount of research, out of which there can hardly fail to come information of permanent value, both on the negative and on the positive side.

Finally, the American Gastroenterological Association, by fostering studies by committees composed of highly competent investigators and clinicians, is conducting a progressive type of investigation, assembling data from a wide variety of sources and subjecting it to critical analysis. Out of all this and similar efforts of smaller groups all over the world, there will eventually emerge a more thorough understanding of the basic nature of the peptic ulcer problem, on which may be constructed rational methods for the prevention and treatment of the disease.

TREATMENT OF PEPTIC ULCER

The diagnosis of peptic ulcer is, as a rule, not difficult if a thorough application is made of the currently available methods. A well-taken history and a carefully made physical examination afford substantial clues in most instances. Then, the definite diagnosis is established by supplemental data obtained in the clinical laboratory and from the roentgenologist; in cases of gastric ulcer, gastroscopic study may be required. Assuming that the diagnosis is made, it is the general rule that the lesion occurs in a male patient four or five times as frequently as in a female patient and that it is in the duodenum in the ratio of approximately 10 or 12 to 1. How should treatment be conducted?

The ideal treatment of peptic ulcer is that based on physiological principles; empiric methods have no place in the program. Admitting that it is difficult to construct acceptable treatment without a complete causative background, what is possible of achievement under the existing limitations?

It is impossible to alter the physical constitution that favors ulcer, except with respect to nutritional levels. Either undernutrition or overnutrition should be given the consideration to which their significance entitles them. This is based on the general biologic principle that good health is intimately related to normal states of nutrition. Changing a patient's nutritional status to a normal level in no way alters the basic physical constitution, but it is sound belief that it may favorably augment the results of other therapeutic measures employed.

With regard to the psychogenic features in ulcer, much can be accomplished by ascertaining the type of emotional abnormality present and by the application of appropriate measures of psychotherapy. A part of the equipment of the modern physician should be the ability to explore and evaluate the emotional life of the patient entrusted to his care, particularly in terms of the effects of disturbances of the emotions on his health and general welfare. Dereliction in this regard in ulcer management often means the failure to obtain a satisfactory therapeutic result. Psychiatric treatment is not needed for the average patient with peptic ulcer; the physician should be able to do what is necessary himself. In some patients a mild depression, closely resembling an anxiety type of psychoneurosis, may cause irreversible manifestations until the depression is recognized and treated by one or another of the current techniques. For patients with major psychotic disorders or those with psychoneuroses of the obsessive-compulsive or hysterical conversion types, the psychiatrist is indispensable to the complete therapeutic program. Fortunately, these constitute but a small percentage of patients with ulcer. It is essential

10. Mann, F. C., and Bollman, J. L.: Experimentally Produced Peptic Ulcers: Development and Treatment, J. A. M. A. **99**: 1576 (Nov. 5) 1932.
11. Wolf, S. G., and Wolff, H. G.: Human Gastric Function: An Experimental Study of a Man and His Stomach, New York, Oxford University Press, 1943.
12. Draper, G., and Touraine, G. A.: The Man-Environment Unit and Peptic Ulcer, Arch. Int. Med. **49**: 616 (April) 1932.
13. Dragstedt, L. R., and Owens, F. M., Jr.: Supradiaphragmatic Section of the Vagus Nerves in Treatment of Duodenal Ulcer, Proc. Soc. Exper. Biol. & Med. **53**: 152 (June) 1943.

150
952

that faulty psychogenic potentials in the everyday life of the patient be controlled to the fullest degree possible. Also, situations conducive to chronic fatigue, from any cause, with resulting nervous tension should be sought out and corrected. For example, the widely employed system of rotation on shift work by industrial workers may nullify the results of treatment that would prove adequate, until it is eliminated. The time-consuming nature of the investigation and treatment of psychogenic defects in patients with peptic ulcer does not justify their neglect.

With regard to the purely medical aspects of treatment, the problem is relatively simple. In 1915 Sippy developed and popularized the modern dietary and medical plan of treatment of which most of the methods employed today are simply modifications. The great majority of uncomplicated ulcers respond quickly and completely to this type of treatment,[14] especially when it is conducted in a hospital where the patient is separated from the tension-producing situations with which he is ordinarily in contact. The two weeks or more of hospitalization does much more than place the patient at rest, separate him from sources of emotional strain, and guarantee him a properly executed plan of medical treatment. It enables the physician to establish rapport with him so that a full appreciation of the emotional background is more easily obtained, thereby laying the foundation for a more effective psychotherapeutic program.

After hospitalization a period of adjustment and stabilization at home (no work for one to two weeks) is desirable. At this time, a bland diet plus milk and cream feedings between meals and at bedtime, combined with alkalies—preferably those that do not alter the pH of the blood and body fluids—is, as a rule, all that is required. Antispasmodics and sedatives are needed in many, but not routinely. Then comes the return to work and all too frequently, the reexposure to many of the conditions that paved the way for ulcer formation in the beginning. The well-indoctrinated patient finds that, by adhering to his schedule, he can remain asymptomatic. Eventually, because of the completeness of relief, alkalies, antispasmodics, and sedatives are, one by one, discarded, often with, more often without, the physician's consent. Then comes a joyous period for the patient, when, because of his continued sense of well-being, he undertakes some adventures in eating. Soon, experimental highballs are taken. This is rationalized on the basis that carbonated water is not used in mixing the drinks. Eventually, our patient boastfully states to his friends, "I can eat and drink anything." All this takes place in a matter of weeks or months. Rarely does the average patient with uncomplicated ulcer continue a treatment schedule properly for a year. The remission continues for a few months to a few years, until the inevitable relapse occurs.

One properly asks under conditions of repeated relapse, treatment, remission, and discontinuance of treatment: Where does the fault lie? The answer is not simple, but chiefly the fault lies in that peptic ulcer is a chronic disease, the life history of which is naturally characterized by remissions and relapses. The periodicity of peptic ulcer is as characteristic of the disease as are its more obvious clinical manifestations. If physicians knew the mechanisms involved in the matter of periodicity, they might go far in preventing relapses. Absence of specific information on this point is one instance of a hiatus that needs to be bridged.

The most important cause of relapse is the failure on the part of both patients and their physicians to appreciate the fundamental chronicity of ulcer. This may be understandable with respect to the average patient, but one is puzzled at its frequency among physicians with ulcers. If every patient given treatment for ulcer were thoroughly educated to the idea that he had a chronic disease, improvement might be made. Certainly, no betterment of the present position will take place until all concerned develop a teamwork aimed at reversing the relapse tendency.

In many patients with mild symptoms and in whom other factors, particularly the psychic and nutritional ones, are near normal, satisfactory treatment can be provided on an ambulatory basis. In this group, too, there remains the same necessity of maintaining antiulcer measures on a permanent basis. The opinion is held by many that alkalies and/or antivagal drugs are not essential to the adequate control of ulcer, but, since the hyperchlorhydria and hypersecretion so commonly a part of the disease are not easily reversed, it would seem wiser to incorporate such agents as essential parts of any long-term ulcer program. Most assuredly, their use should be individualized.

For the past few years, there has been an effort on the part of many physicians to treat ulcer by one means alone, e. g., with methantheline bromide (banthine*). This drug unquestionably is a valuable antivagal drug, the most potent available. It acts favorably on the hypertonicity, hypermotility, hyperchlorhydria, and hypersecretion, most desirable effects. However, results of treatment with this drug as the sole form of treatment have been disappointing; yet its undeniable place in the total program in many instances is well established. Properly it should be used as an adjunct to treatment with a bland diet, divided into frequent feedings; alkalies; and attention to psychic factors.

Many diseases, for example, diabetes mellitus, tuberculosis, pernicious anemia, and certain types of heart disease, are known to require continuous, daily treatment. Apparently, a similar philosophy in the treatment of peptic ulcer remains to be developed; yet any thoughtful consideration of ulcer leads to the view that, with the present limitations, little else can be even remotely successful.

What has been heretofore outlined applies generally to peptic ulcer of either the stomach or the duodenum. However, there is in gastric ulcer a possibility not present in doudenal ulcer, that is, the possibility of cancer. It is my belief that benign gastric ulcers do not undergo malignant metamorphosis. The ulcer with low gastric acids, with suspicion of invasion of the gastric wall by roentgenologic study, that shows suggestive gastroscopic evidence of malignancy should be regarded as a strictly surgical problem. Furthermore, any gastric ulcer that

14. Rossett, N. E.; Knox, F. H., Jr., and Stephenson, S. L., Jr.: Peptic Ulcer: Medical Cure by Efficient Gastric Acid Neutralization, Ann. Int. Med. 36:98 (Jan.) 1952.

does not heal completely with medical treatment in four to six weeks, and remain healed, should be similarly regarded. Otherwise gastric and duodenal ulcer are much the same disease and require the same treatment.

Regrettably, all peptic ulcers cannot be satisfactorily controlled by the simple measures outlined above. Perhaps about 80% can be, but the remainder are exceptionally difficult clinical problems, for which other forms of therapy, usually surgical, are required. Many of these patients were, earlier in their ulcer history, of the average type but have deteriorated into the less favorable variety by the failure to maintain a life-long plan of antiulcer regimen. It is interesting to speculate on the number of complicated ulcers encountered every day that might have remained uncomplicated had their earlier plan of management been properly conceived and effectively carried out on a long-term basis.

The surgical treatment of peptic ulcer involves a consideration of (1) perforation, (2) pyloric obstruction, (3) hemorrhage, (4) possible malignancy, and (5) intractability.

Perforation has until recently been properly regarded as a wholly surgical problem. With the employment of a medical program as outlined by Seeley,[15] that is, complete rest, antibiotic therapy, continuous gastric suction, and fluid and electrolyte replacement, the reported results are practically the same as those in cases of perforation treated surgically. However, there is a high incidence of pulmonary complications in nonsurgically treated patients. While it is too new to be accepted without reservation in the treatment of perforation, this method readily suggests itself as desirable in certain patients who may be poor or unacceptable surgical risks. It needs further study before its exact place in the broad program can be accurately determined. For the present, it still appears better to consider perforation as a surgical problem.

For patients with pyloric obstruction that does not promptly and completely disappear with good medical management—and the majority do—there can be no doubt that surgery is urgently needed. It is in this type of patient that subtotal gastric resection gives such satisfactory results.

A single hemorrhage in a patient under 40 years of age may be regarded as requiring emergency medical treatment in most instances, but where repeated massive hemorrhages occur, at any age, surgical treatment should be regarded as the preferred, if not mandatory, plan of treatment. Furthermore, there is, today, no justification for denying certain patients with hemorrhage the life-saving benefits that may derive from surgery undertaken in the early hemorrhagic period. Despite many reported high mortality rates among surgically treated patients with acute hemorrhage, surgery is now regarded as strongly indicated, according to Crohn and Janowitz.[16] The factors to be considered are as follows: (1) an established diagnosis of ulcer; (2) age of the patient (45 years or over); (3) recurrent massive hemorrhage while the patient is under observation; (4) possible previous hemorrhage; (5) type of bleeding, whether hematemesis or melena; and (6) degree of severity of the hemorrhage.

The decision to operate early when hemorrhage occurs is not easily made. With the above considerations in mind, the decision is preferably made jointly by the internist and the surgeon. By any method of selection of patients for operation in the first 24 to 48 hours after the onset of bleeding, some will be subjected to operation that would have recovered without it; conversely, others who might have recovered after surgery will be treated conservatively and die. How to differentiate these two groups remains difficult. It must be assumed that adequate blood bank facilities are available and that the surgeon member of the team is well qualified in the field of gastric surgery. Ideally, the most satisfactory procedure is excision of the ulcer, or, in the case of some duodenal ulcers, ligation of the bleeding vessel, plus subtotal gastric resection. There is reason to believe that, with more concentrated study of this phase of ulcer treatment, the problem will become more clearly defined in the next few years.

The unquestioned need for prompt surgical intervention in any instance when cancer is suspected (this applies only to gastric ulcers) is so obvious as to require no further elaboration.

Intractability is a term somewhat loosely used in the description of some ulcers. It should not be applied to the patient who will not adhere faithfully to a medical plan of treatment nor to a plan of therapy so poorly devised that it could not reasonably be expected to be effective. Excluding all types of failure due to dereliction on the part of the patient and faulty medical management, there is a small percentage of patients who can be rightfully designated as intractable. In some instances, psychic factors that do not lend themselves to correction may be the underlying reason; in others, there is no discernible cause. What should be done under such circumstances? The situation may be temporarily improved by roentgen irradiation over the body and fundus of the stomach, thus diminishing gastric acidity, as pointed out by Palmer [17] and Templeton, so that the patient then may become more easily managed by customary conservative measures. The majority of such patients, however, ultimately relapse and require surgical treatment.

With regard to the type of surgical procedure to be employed, it now seems possible to determine what the trend is, at least for the immediate future. The internist is in a rather strategic position in this evaluation, because it is he to whom the failures of surgical treatment most frequently revert. Vagotomy, with or without gastroenterostomy, has been recently reported by Jordan [18] to have given significantly less satisfactory results than either subtotal resection alone or subtotal resection with subdiaphragmatic vagotomy. It appears that vagotomy has not added measurably to the value of resection. At present, jejunal ulcer occurring after subtotal resection is often, but not always, successfully treated by vagotomy. When jejunal ulcer complicates gastroenterostomy, subtotal resection is the method of choice.

15. Seeley, S. F.: Nonoperative Treatment of Perforated Duodenal Ulcer, Postgrad. Med. **10**: 359 (Nov.) 1951.
16. Crohn, B. B., and Janowitz, H. D.: The Modern Treatment of Massive Hemorrhage of Peptic Ulcer Origin, Gastroenterology **10**: 605 (Dec.) 1951.
17. Palmer, W. L., and Templeton, F. E.: The Effect of Radiation Therapy on Gastric Secretion, J. A. M. A. **112**: 1429 (April 15) 1939.
18. Jordan, S. M.: Report of the Chairman of the Subcommittee on Surgical Procedures in Peptic Ulcer of the American Gastroenterological Association, Gastroenterology **10**: 599 (Dec.) 1951.

150
952

While the results of surgical treatment of ulcer in competent hands are impressive, the failures that still occur should give one pause. Peptic ulcer remains largely a medical problem, involving considerable responsibility on the part of the physician. He should do everything within his power to see that his patients receive the best that can be given, in order that fewer will exhibit complications and/or intractability. As it is, physicians refer to surgeons only their failures, and it should be said on their behalf that they do an outstanding job with the material they get. The physician's aim should be to make the failures of medical treatment less frequent.

SUMMARY AND CONCLUSIONS

1. Knowledge of the causes of peptic ulcer is incomplete, although much established information is available. There seems to be little doubt that ulcer results from a combination of anatomic, psychogenic, biochemical, and physiological disturbances, bringing about conditions that terminate in digestion of susceptible areas of mucous membrane in the stomach or duodenum with resulting ulcer formation.

2. Once peptic ulcer has formed, it becomes an exceedingly chronic disease characterized by remissions and relapses, the nature of neither of which is fully understood.

3. The majority of ulcers can be healed with medical treatment; provided the treatment is maintained indefinitely, the artificially induced remission may be continued for long periods.

4. Failure to continue suppressive measures invites relapse, which inevitably occurs sooner or later.

5. Some, if not most, of the relapse rate of ulcer is due to a lack of appreciation on the part of physicians and patients alike concerning the chronic nature and life history of the disease. This lack is accentuated by the fact that in remission peptic ulcer is a symptomless disease. Furthermore, considering frequency of ulcer, the mortality among patients with ulcer is relatively low.

6. Pending the acquisition of more knowledge with respect to the causes of ulcer physicians can do reasonably well with the measures of treatment now readily available. The failures of medical treatment may often be salvaged by surgery.

CORTICOTROPIN, CORTISONE, AND HYDROCORTISONE IN TREATMENT OF OCULAR DISEASE

E. H. Steffensen, M.D., Detroit

The field of ophthalmology has witnessed widespread clinical trial of corticotropin (ACTH) and cortisone during the past two and one-half years, and the accumulated results of many investigators justify the use of these agents in the treatment of a variety of ocular diseases. When corticotropin was first available for clinical trial late in 1949, evidence had accumulated that suggested it might be of value in the treatment of certain eye diseases. For years ophthalmologists had been using fever therapy, usually in the form of intravenously injected, killed typhoid organisms, in the treatment of a number of ocular lesions. It has been pointed out that the benefits of fever therapy apparently are derived from an acceleration of mechanisms evoked in acute stress states.[1] Reaction to such stress depends upon the endogenous release of corticotropin, which in turn stimulates the adrenal cortex to liberate 11-oxycorticosteroids. Selye [2] and Albright [3] have pointed out that 11-oxycorticosteroids are apparently of great importance in the control of the response to stress. A subsequent clinical study by Arendshorst and Falls [4] showed that intravenously injected, killed typhoid organisms did produce a temporary state of hyperfunction of the adrenal cortex in patients with inflammatory ocular disease.

When it was shown that corticotropin favorably influenced certain ocular lesions, it seemed reasonable that the administration of one of the 11-oxycorticosteroids, such as cortisone, would give similar results. This is now well established, and, to date, no essential difference has been noted in the favorable action of the two drugs during short-term parenteral administration.[5] It was then postulated that cortisone acted at the local tissue level and that it would have physiological activity when applied topically.[6] Clinical studies subsequently have shown topical administration of cortisone to be of great value.[7]

More recently, it was suggested by several investigators [8] that hydrocortisone, Kendall's compound F, is of more physiological importance than cortisone, i. e., that it is the main steroid of this type produced by the adrenal cortex and that it, rather than cortisone, accounts for the beneficial effects resulting from the administration of corticotropin. Smith and Steffensen [9] and Steffensen and coworkers [10] have reported that in topical application the effectiveness of hydrocortisone appears to be equal if not superior to that of cortisone in treatment of anterior segment eye disease. Tables 1 and 2 show the ocular lesions in which corticotropin and cortisone have or may have an effect when administered by currently accepted therapeutic programs. The following diseases are those in which corticotropin and cortisone, administered by currently accepted methods, failed to produce a favorable response:

Pemphigus	Vogt-Koyanagi's disease
Keratitis dendritica	Thyrotropic exophthalmos
Keratitis metaherpetica	Senile macular degeneration
Recurrent corneal erosion	Hereditary macular degeneration
Trophic ulcer	
Corneal ulcer (bacterial)	Retrolental fibroplasia
Corneal dystrophies	Angioid streaks of the retina
Eale's disease	Optic nerve atrophy
Harada's disease	Primary glaucoma

Associate Surgeon, Division of Ophthalmology, Henry Ford Hospital.

Because of space limitations, the bibliographic references have been omitted from THE JOURNAL and will appear in the author's reprints.

Read before the Section on General Practice at the 101st Annual Session of the American Medical Association, Chicago, June 11, 1952.

TREATMENT METHODS

As has been noted previously,[5] corticotropin and cortisone appear to give comparable results in the short-term treatment of ocular lesions. In a few cases there may be physical conditions that justify the selective use of one of these hormones; for example, in patients with such clinical states as hypertension, renal disease, or cardiac decompensation, cortisone temporarily may be better tolerated, although the same limitations that attend use of corticotropin ultimately arise. Before any physician proceeds with the use of these drugs for ophthalmological purposes as well as for any other type of disease, he should be fully acquainted with the criteria for their administration and the various physiological indices used to evaluate adequacy of dosage. This aspect is extensively covered in the literature, and only the minimal procedures for obtaining adequate pharmacological effect without hazard to the patient will be mentioned here.

TABLE 1.—*Ocular Lesions That Respond Favorably to Currently Accepted Modes of Corticotropin and Cortisone Therapy*

	Mode of Administration		
	Systemic, Corticotropin or Cortisone		Topical, Cortisone
Allergic conjunctivitis	..		+
Allergic blepharoconjunctivitis	..		+
Vernal conjunctivitis	..		+*
Episcleritis	..		+
Keratoconjunctivitis			
Phlyctenular	..		+
Marginal ulcer	..		+
Keratitis			
Tuberculous	..		+
Sclerosing	..		+
Acne rosacea	..		+
Profunda (nonspecific)	..		+
Superficial (nonspecific)	..		+
Syphilitic interstitial	..		+
Uveitis			
Acute anterior, nongranulomatous	+	and/or	+
Acute posterior, nongranulomatous	+		..
Acute diffuse, nongranulomatous	+		..
Acute focal choroiditis	+		..
Acute optic neuritis	+		..
Acute retrobulbar neuritis	+		..
Central anglospastic retinitis	+		..
Sympathetic ophthalmia	+		..
Burns, chemical or thermal	..		+
Glaucoma surgery, postoperative therapy	..		+*

* Ointment form.

The apparently limited nature of ocular disease in no way justifies the attitude that patients with such diseases require less critical care than patients with generalized disease while receiving the hormones parenterally. Patients that have lesions responsive to the drug when topically administered should not be given the drug parenterally. Patients with certain acute ocular inflammatory lesions, notably iritis that is refractory to topical therapy, respond so rapidly to a few doses of either cortisone or corticotropin that they can undoubtedly be treated without hospitalization or expensive laboratory studies. In general, however, institutional care is desirable, at least in the early stages of treatment.

It should be emphasized that the dosage of corticotropin and parenterally administered cortisone must be adjusted to the patient. Attempts should be made to secure maximal suppression of disease with the least possible amount of hormone. Both agents have the property of reducing the eosinophil count and raising the total white blood cell count. Thus white blood cell counts and direct eosinophil counts are helpful in evaluating the level of circulating corticosteroid. Normally, the eosinophil count ranges from 75 to 250 per cubic millimeter. Adequate therapy is usually attained when the eosinophil count is less than 20 per cubic millimeter, but this ultimately must be determined by what is happening to the lesion under treatment. Prior to and occasionally during treatment, fasting and postmeal blood sugar level determinations should be made to detect any possible change in carbohydrate metabolism. This should be done especially in patients with a family history of diabetes mellitus. Body weight and blood pressure should be recorded daily during hospitalization and at frequent intervals during outpatient treatment. Inquiry as to strength and well-being often is helpful in screening the patient for unfavorable effects.

TABLE 2.—*Ocular Lesions That Respond Variably to Currently Accepted Modes of Corticotropin or Cortisone Therapy*

	Mode of Administration		
	Systemic, Corticotropin or Cortisone		Topical, Cortisone
Herpes zoster ophthalmicus	+		+
Uveitis			
Chronic anterior, nongranulomatous	+	and	+
Chronic anterior, granulomatous	+	"	+
Chronic posterior, nongranulomatous	+	"	+
Chronic posterior, granulomatous	+	"	+
Sarcoid	+	"	+
Erythema multiforme	+	or	+
Retinitis pigmentosa	+ (temporary improvement only)		..
Exudative retinitis (Coats's disease)	+		..

Originally, corticotropin was given by intramuscular injection, usually 25 mg. every four hours. As the desired pharmacological effects were attained, the interval between injections was increased to 6 and then to 8 or 12 hours. Recently, corticotropin has been made available in a gelatin vehicle, which retards absorption of the drug and thus prolongs its action. With such long-acting preparations, one or two injections a day, totalling 40 to 100 mg., give excellent results. Long-acting preparations now make outpatient treatment with corticotropin more feasible. This is especially desirable in patients with chronic lesions who require prolonged but less intensive therapy after an adequate initial response. Cortisone can be given either by intramuscular injection or in tablet form. For the first day or two the dose is 50 mg. given every four hours. Then 50 mg. every six or eight hours is given as maintenance therapy until the disease process subsides.

The merits of withdrawing therapy slowly are not fully established; there are reasons, however, to give this method consideration. Cortisone suppresses the normal function of the pituitary gland and causes gradual atrophy

of the adrenal cortex, and corticotropin suppresses the normal function of the pituitary gland. Rapid withdrawal of either drug produces a temporary period of severe hypofunction of the adrenal cortex, during which a recurrence of the ocular lesion could occur. Gradual cessation of therapy may allow a gradual restoration of normal function and avoidance of the period of adrenal insufficiency.

As reported by Smith and Steffensen [9] in their review of the use of these agents in ophthalmological practice, currently accepted therapeutic regimens often give disappointing results in the treatment of chronic inflammatory ocular lesions. With the advent of satisfactory long acting corticotropin preparations, Quinn and Wolfson [11] have shown that long term "individualized" therapy often produces great improvement or even clinical remission in cases of chronic lesions that heretofore have been relatively unresponsive to shorter and less intensive treatment. Prolonged treatment with doses as high as 240 mg. a day, averaging as high as 91 mg. a day, may be required. In some patients they found that continual maintenance therapy at lower levels has been necessary to sustain full improvement. These authors state that patients with ocular lesions, as a group, tolerate corticotropin better than do patients with more widespread disease and also require larger amounts of the drug to induce clinical remission. Despite this possibly better tolerance, it must be emphasized that patients with ocular disease are still subject to undesirable pharmacological side-effects. The danger of these effects is enhanced by long-term therapy, and such therapy should be supervised by a competent internist or endocrinologist. There is no reason for excessively heavy long-term therapy when the same improvement can be achieved with lower doses.

Hill and his associates [12] and Wolfson and his associates [13] showed that both corticotropin and cortisone inhibit thyroid function through the suppression of the pituitary thyroid-stimulating hormone. Quinn and Wolfson [11] noted that this thyroid-depressing effect is evident clinically after about four weeks of therapy and may considerably decrease the effectiveness of corticotropin in ocular lesions. Therefore, when treatment extends beyond four weeks, supplementary desiccated thyroid must be administered; 1 to 2 grains (0.06 to 0.13 gm.) a day appear to be sufficient to prevent the retarding effects of this corticogenic hypothyroidism.

Topically administered cortisone can be given in the form of either ointment or suspension. The solution is available in two concentrations, 0.5% and 2.5%. For most cases the 0.5% solution is adequate. The frequency of administration depends on the severity of the disease process and varies from every hour to once or twice a day. Hydrocortisone is used similarly. At present, however, ophthalmic ointment and solutions are not available commercially.

PHARMACOLOGICAL SIDE-EFFECTS

It must be emphasized that these drugs may have undesirable pharmacological side-effects, especially during prolonged administration. All of these effects are manifestations of excessive adrenal cortical function. Briefly, they consist of disturbances in electrolyte, water, and carbohydrate metabolism; skin changes, such as acneiform eruption, hirsutism, and abnormal pigmentation; unusual fat deposition; amenorrhea; hypertension; and cerebral changes. Fortunately, these are all reversible on withdrawal of the drug, especially if detected early, and many may be avoided by using the minimal effective dose.

The most common undesirable side-effect, and this is especially undesirable in patients with cardiac and renal disease, is the retention of sodium and water, which leads to edema. Even during treatment this can usually be overcome by using a low salt diet and, if necessary, diuretics. Alkalosis occurs occasionally with high doses. Hypopotassemia can be avoided by including in the diet foods high in potassium or supplemental potassium chloride, 1 gm. four times daily.

Alterations in the bleeding and clotting time caused by these drugs occasionally have resulted in vascular accidents. Fortunately, this complication has occurred rarely, if at all, in patients with ocular diseases. Smith and coworkers [14] have noted that alterations in the bleeding and clotting time in patients with ocular disease are unpredictable. Much depends on the stage of treatment, the initial level of adrenal function, and the initial integrity of the coagulation mechanism. The physician must be aware of the possibility of occurrence of hemorrhagic tendencies when administering corticotropin or cortisone either immediately before or immediately after ocular surgery, when abnormal bleeding could be a serious complication. Fortunately, it is not a common occurrence.

Effects on the central nervous system from the use of these drugs are common, the most frequently encountered being euphoria or a sense of well-being; however, anxiety, depression, or even frank psychoses can occur during the administration of either drug. Suicides have been reported in the literature as resulting from their use. Fortunately, these severe mental effects have occurred only in patients who had latent psychotic tendencies before treatment was begun. On withdrawal of either drug, especially if withdrawal is sudden, many normal patients experience a mild depression for one to four days.

Because of the gluconeogenic effect of the corticosteroids, known diabetes becomes temporarily intensified, and potential diabetes becomes overt. The insulin requirement of the diabetic becomes double or more. One should be aware of this effect when considering giving the drug to diabetics. It should also be borne in mind that both drugs may produce activation and even perforation of peptic ulcers that may or may not have been recognized prior to treatment. This complication has been rare in the large number of patients who have already received the hormones. It must also be pointed out that these drugs reduce phagocytosis and other body defense mechanisms against bacterial invasion. Thus, they should not be used locally or systemically in patients with diseases that are known to be bacterial or viral in origin, unless the appropriate antibiotic is given concurrently. Ragan and coworkers [15] have reported that these agents have the property of suppressing fibroblastic proliferation, leading to delayed wound-healing. This fact must be remembered when treating patients immediately after intraocular surgery.

By careful administration and with proper clinical and laboratory studies, few accidents should occur from the

use of these agents, and the average patient should tolerate them well for at least the relatively short period necessary for control of most acute ocular inflammatory lesions. Because excellent therapeutic benefits in the acute ocular inflammatory diseases frequently can be obtained with a short course of parenteral administration of these hormones, there is no absolute contraindication to their use. One should proceed cautiously in patients with such clinical states as hypertension, cardiac disease, diabetes, or ulcer. The latter is probably a contraindication if therapy will extend beyond 48 hours. The emotionally disturbed patient should be watched carefully during treatment. In any case, should signs of intolerance develop, the drug should immediately be discontinued.

GENERAL CONSIDERATIONS

It is not yet possible to explain the basic mechanism by which these agents produce favorable results in such a variety of ocular lesions. Certain facts are known. It is well recognized that both corticotropin and cortisone block the antigen-antibody reaction, thus preventing occurrence of the signs and symptoms of allergic states. This would explain their effectiveness in treatment of such conditions as allergic conjunctivitis, vernal conjunctivitis, and possibly some cases of iritis and uveitis. It is also well known that one of the general properties of corticotropin and cortisone is the ability to inhibit inflammation, allergic or otherwise. This nonspecific inhibition of inflammation undoubtedly is important, but the mechanisms by which it is accomplished are still being investigated. Evidence is accumulating that indicates, as suggested by Smith and Steffensen,[9] that certain ocular lesions are a manifestation of tissue alterations resulting from prolonged emotional stress. In such cases it is possible that a relative local insufficiency of the adrenal steroids may lead to the inflammatory condition. Cortisone, or its equivalent produced by corticotropin, may then fundamentally act as a replacement therapy, restoring the homeostasis of neurohumoral mechanisms.

The beneficial effect of the drugs after surgical treatment for glaucoma depends mainly on the ability of these adrenal cortical steroids to suppress fibroblastic proliferation, keeping the wound open until the drainage channels are well established. Suppression of fibroblastic proliferation has done much to prevent symblepharon formation in chemical and thermal burns. Treatment, especially with topically applied cortisone, has led to clearer corneas, partly through decreased scarring and partly through reduced formation of new blood vessels, which so commonly occurred with other forms of therapy.

These drugs, administered either parenterally or topically, have given rapid relief of pain and photophobia, especially in corneal lesions. Clinical studies have failed to show that this results from any measurable amount of corneal anesthesia.[5] It cannot yet be stated whether this apparent analgesia is another nonspecific property of the adrenocorticosteroids or whether it merely reflects the action of these hormones on the inflammatory process. Clinically, it is apparent that the therapeutic actions of these drugs are semiquantitative. The severer the inflammatory lesion the larger are the quantities of the adrenocorticosteroids necessary to give therapeutic benefit. This is well illustrated in the cases of severe iritis that fail to respond to the drugs when topically administered, owing to limited penetration through the cornea of the adrenocorticosteroids, but that respond rapidly to them when parenterally administered. Dougherty has demonstrated each quantitation in the laboratory.[10]

Quinn and Wolfson [11] have speculated that long-term corticotropin therapy may produce a heretofore unrecognized effect, namely, regeneration of retinal and optic nerve elements. Our studies in this respect have been limited to patients with retinitis pigmentosa, and they will be reported in detail elsewhere. One case is of particular interest. A 41-year-old white woman with severe retinitis pigmentosa was totally blind in the left eye and had only light perception from the peripheral nasal retina in the right eye. After 11 weeks of corticotropin therapy definite light perception was present in the left eye and vision in the right eye had increased to 4/155, with a large increase in the size of the functioning retina. Improvement is still occurring with continued treatment. This case alone suggests that prolonged treatment with corticotropin can produce regeneration of neuroretinal elements. Further studies are under way to determine if such apparent regeneration can be obtained in eyes afflicted with lesions other than retinitis pigmentosa and also if this effect can be consistently obtained in other cases of severe retinitis pigmentosa.

It must be emphasized that it is still considered "normal" for certain ocular lesions to be recurrent. The favorable initial response of such a lesion to corticotropin administered by the currently accepted mode or cortisone administered parenterally in no way suggests that a future relapse will be prevented. Furthermore, for years focal infection in the body has been widely accepted as a possible etiological factor for inflammatory eye disease, mediated through a hypersensitivity in ocular tissue. That concept cannot yet be discarded. In such cases, corticotropin or cortisone therapy would be effective by temporarily blocking the hypersensitivity reaction, but later relapse would be prevented only by eradication of the focal infection.

Enough laboratory and clinical study has now been completed to state that both cortisone and hydrocortisone are biologically active when applied to ocular tissues. My work has been mainly with cortisone; only 68 cases have been studied with hydrocortisone. The merits of the topical mode of administration are obvious. Such treatment is relatively inexpensive and does not necessitate hospitalization. As previously mentioned, with the prolonged use of corticotropin or parenterally administered cortisone there is danger of serious adverse pharmacological side-effects. When administered topically, the amounts of cortisone or hydrocortisone used are so small that there is no danger of systemic effect, regardless of the duration of treatment. It should also be emphasized that when these drugs are properly used there is no danger of harmful local effects on ocular tissue.

Topical administration is of value primarily in diseases of the anterior segment of the eye. The mode of action on anteriorly situated intraocular lesions, such as iritis, is not clear, but it must be assumed that the favorable results are achieved by a direct penetration of the drugs through the cornea. Since my work has been at the

of the adrenal cortex, and corticotropin suppresses the normal function of the pituitary gland. Rapid withdrawal of either drug produces a temporary period of severe hypofunction of the adrenal cortex, during which a recurrence of the ocular lesion could occur. Gradual cessation of therapy may allow a gradual restoration of normal function and avoidance of the period of adrenal insufficiency.

As reported by Smith and Steffensen [9] in their review of the use of these agents in ophthalmological practice, currently accepted therapeutic regimens often give disappointing results in the treatment of chronic inflammatory ocular lesions. With the advent of satisfactory long acting corticotropin preparations, Quinn and Wolfson [11] have shown that long term "individualized" therapy often produces great improvement or even clinical remission in cases of chronic lesions that heretofore have been relatively unresponsive to shorter and less intensive treatment. Prolonged treatment with doses as high as 240 mg. a day, averaging as high as 91 mg. a day, may be required. In some patients they found that continual maintenance therapy at lower levels has been necessary to sustain full improvement. These authors state that patients with ocular lesions, as a group, tolerate corticotropin better than do patients with more widespread disease and also require larger amounts of the drug to induce clinical remission. Despite this possibly better tolerance, it must be emphasized that patients with ocular disease are still subject to undesirable pharmacological side-effects. The danger of these effects is enhanced by long-term therapy, and such therapy should be supervised by a competent internist or endocrinologist. There is no reason for excessively heavy long-term therapy when the same improvement can be achieved with lower doses.

Hill and his associates [12] and Wolfson and his associates [13] showed that both corticotropin and cortisone inhibit thyroid function through the suppression of the pituitary thyroid-stimulating hormone. Quinn and Wolfson [11] noted that this thyroid-depressing effect is evident clinically after about four weeks of therapy and may considerably decrease the effectiveness of corticotropin in ocular lesions. Therefore, when treatment extends beyond four weeks, supplementary desiccated thyroid must be administered; 1 to 2 grains (0.06 to 0.13 gm.) a day appear to be sufficient to prevent the retarding effects of this corticogenic hypothyroidism.

Topically administered cortisone can be given in the form of either ointment or suspension. The solution is available in two concentrations, 0.5% and 2.5%. For most cases the 0.5% solution is adequate. The frequency of administration depends on the severity of the disease process and varies from every hour to once or twice a day. Hydrocortisone is used similarly. At present, however, ophthalmic ointment and solutions are not available commercially.

PHARMACOLOGICAL SIDE-EFFECTS

It must be emphasized that these drugs may have undesirable pharmacological side-effects, especially during prolonged administration. All of these effects are manifestations of excessive adrenal cortical function. Briefly, they consist of disturbances in electrolyte, water, and carbohydrate metabolism; skin changes, such as acneiform eruption, hirsutism, and abnormal pigmentation; unusual fat deposition; amenorrhea; hypertension; and cerebral changes. Fortunately, these are all reversible on withdrawal of the drug, especially if detected early, and many may be avoided by using the minimal effective dose.

The most common undesirable side-effect, and this is especially undesirable in patients with cardiac and renal disease, is the retention of sodium and water, which leads to edema. Even during treatment this can usually be overcome by using a low salt diet and, if necessary, diuretics. Alkalosis occurs occasionally with high doses. Hypopotassemia can be avoided by including in the diet foods high in potassium or supplemental potassium chloride, 1 gm. four times daily.

Alterations in the bleeding and clotting time caused by these drugs occasionally have resulted in vascular accidents. Fortunately, this complication has occurred rarely, if at all, in patients with ocular diseases. Smith and coworkers [14] have noted that alterations in the bleeding and clotting time in patients with ocular disease are unpredictable. Much depends on the stage of treatment, the initial level of adrenal function, and the initial integrity of the coagulation mechanism. The physician must be aware of the possibility of occurrence of hemorrhagic tendencies when administering corticotropin or cortisone either immediately before or immediately after ocular surgery, when abnormal bleeding could be a serious complication. Fortunately, it is not a common occurrence.

Effects on the central nervous system from the use of these drugs are common, the most frequently encountered being euphoria or a sense of well-being; however, anxiety, depression, or even frank psychoses can occur during the administration of either drug. Suicides have been reported in the literature as resulting from their use. Fortunately, these severe mental effects have occurred only in patients who had latent psychotic tendencies before treatment was begun. On withdrawal of either drug, especially if withdrawal is sudden, many normal patients experience a mild depression for one to four days.

Because of the gluconeogenic effect of the corticosteroids, known diabetes becomes temporarily intensified, and potential diabetes becomes overt. The insulin requirement of the diabetic becomes double or more. One should be aware of this effect when considering giving the drug to diabetics. It should also be borne in mind that both drugs may produce activation and even perforation of peptic ulcers that may or may not have been recognized prior to treatment. This complication has been rare in the large number of patients who have already received the hormones. It must also be pointed out that these drugs reduce phagocytosis and other body defense mechanisms against bacterial invasion. Thus, they should not be used locally or systemically in patients with diseases that are known to be bacterial or viral in origin, unless the appropriate antibiotic is given concurrently. Ragan and coworkers [15] have reported that these agents have the property of suppressing fibroblastic proliferation, leading to delayed wound-healing. This fact must be remembered when treating patients immediately after intraocular surgery.

By careful administration and with proper clinical and laboratory studies, few accidents should occur from the

V 1
195

use of these agents, and the average patient should tolerate them well for at least the relatively short period necessary for control of most acute ocular inflammatory lesions. Because excellent therapeutic benefits in the acute ocular inflammatory diseases frequently can be obtained with a short course of parenteral administration of these hormones, there is no absolute contraindication to their use. One should proceed cautiously in patients with such clinical states as hypertension, cardiac disease, diabetes, or ulcer. The latter is probably a contraindication if therapy will extend beyond 48 hours. The emotionally disturbed patient should be watched carefully during treatment. In any case, should signs of intolerance develop, the drug should immediately be discontinued.

GENERAL CONSIDERATIONS

It is not yet possible to explain the basic mechanism by which these agents produce favorable results in such a variety of ocular lesions. Certain facts are known. It is well recognized that both corticotropin and cortisone block the antigen-antibody reaction, thus preventing occurrence of the signs and symptoms of allergic states. This would explain their effectiveness in treatment of such conditions as allergic conjunctivitis, vernal conjunctivitis, and possibly some cases of iritis and uveitis. It is also well known that one of the general properties of corticotropin and cortisone is the ability to inhibit inflammation, allergic or otherwise. This nonspecific inhibition of inflammation undoubtedly is important, but the mechanisms by which it is accomplished are still being investigated. Evidence is accumulating that indicates, as suggested by Smith and Steffensen,[8] that certain ocular lesions are a manifestation of tissue alterations resulting from prolonged emotional stress. In such cases it is possible that a relative local insufficiency of the adrenal steroids may lead to the inflammatory condition. Cortisone, or its equivalent produced by corticotropin, may then fundamentally act as a replacement therapy, restoring the homeostasis of neurohumoral mechanisms.

The beneficial effect of the drugs after surgical treatment for glaucoma depends mainly on the ability of these adrenal cortical steroids to suppress fibroblastic proliferation, keeping the wound open until the drainage channels are well established. Suppression of fibroblastic proliferation has done much to prevent symblepharon formation in chemical and thermal burns. Treatment, especially with topically applied cortisone, has led to clearer corneas, partly through decreased scarring and partly through reduced formation of new blood vessels, which so commonly occurred with other forms of therapy.

These drugs, administered either parenterally or topically, have given rapid relief of pain and photophobia, especially in corneal lesions. Clinical studies have failed to show that this results from any measurable amount of corneal anesthesia.[7] It cannot yet be stated whether this apparent analgesia is another nonspecific property of the adrenocorticosteroids or whether it merely reflects the action of these hormones on the inflammatory process. Clinically, it is apparent that the therapeutic actions of these drugs are semiquantitative. The severer the inflammatory lesion the larger are the quantities of the adrenocorticosteroids necessary to give therapeutic benefit. This is well illustrated in the cases of severe iritis that fail to respond to the drugs when topically administered, owing to limited penetration through the cornea of the adrenocorticosteroids, but that respond rapidly to them when parenterally administered. Dougherty has demonstrated each quantitation in the laboratory.[10]

Quinn and Wolfson [11] have speculated that long-term corticotropin therapy may produce a heretofore unrecognized effect, namely, regeneration of retinal and optic nerve elements. Our studies in this respect have been limited to patients with retinitis pigmentosa, and they will be reported in detail elsewhere. One case is of particular interest. A 41-year-old white woman with severe retinitis pigmentosa was totally blind in the left eye and had only light perception from the peripheral nasal retina in the right eye. After 11 weeks of corticotropin therapy definite light perception was present in the left eye and vision in the right eye had increased to 4/155, with a large increase in the size of the functioning retina. Improvement is still occurring with continued treatment. This case alone suggests that prolonged treatment with corticotropin can produce regeneration of neuroretinal elements. Further studies are under way to determine if such apparent regeneration can be obtained in eyes afflicted with lesions other than retinitis pigmentosa and also if this effect can be consistently obtained in other cases of severe retinitis pigmentosa.

It must be emphasized that it is still considered "normal" for certain ocular lesions to be recurrent. The favorable initial response of such a lesion to corticotropin administered by the currently accepted mode or cortisone administered parenterally in no way suggests that a future relapse will be prevented. Furthermore, for years focal infection in the body has been widely accepted as a possible etiological factor for inflammatory eye disease, mediated through a hypersensitivity in ocular tissue. That concept cannot yet be discarded. In such cases, corticotropin or cortisone therapy would be effective by temporarily blocking the hypersensitivity reaction, but later relapse would be prevented only by eradication of the focal infection.

Enough laboratory and clinical study has now been completed to state that both cortisone and hydrocortisone are biologically active when applied to ocular tissues. My work has been mainly with cortisone; only 68 cases have been studied with hydrocortisone. The merits of the topical mode of administration are obvious. Such treatment is relatively inexpensive and does not necessitate hospitalization. As previously mentioned, with the prolonged use of corticotropin or parenterally administered cortisone there is danger of serious adverse pharmacological side-effects. When administered topically, the amounts of cortisone or hydrocortisone used are so small that there is no danger of systemic effect, regardless of the duration of treatment. It should also be emphasized that when these drugs are properly used there is no danger of harmful local effects on ocular tissue.

Topical administration is of value primarily in diseases of the anterior segment of the eye. The mode of action on anteriorly situated intraocular lesions, such as iritis, is not clear, but it must be assumed that the favorable results are achieved by a direct penetration of the drugs through the cornea. Since my work has been at the

clinical level, I can only theorize about the mechanism involved. Possibly the high lipid content of the corneal epithelium favors the initial transference of cortisone and hydrocortisone into the cornea in a way comparable to that by which absorption of other steroids by the skin is facilitated. Their behavior beyond this point is hard to visualize except as possible steroid-protein complexes in the stroma of the cornea, which is more favorable to water soluble solutions. This important point must be proved in the laboratory. Clinically, it is obvious that the intraocular penetration of cortisone or hydrocortisone is limited. This is illustrated in the cases of severe iritis without secondary glaucoma that fail to respond to the frequent topical administration of the drugs but respond rapidly to parenterally administered cortisone.

Many factors must influence the intraocular penetration of cortisone and hydrocortisone. One factor would be the vehicle in which the cortisone is suspended. My studies tend to confirm the laboratory work of Leopold and co-workers,[7c] who showed that better penetration was obtained when the suspension contained a wetting agent, such as benzalkonium (zephiran*) chloride. The relative difference of the concentrations of the drugs in intraocular tissues and in the cul-de-sac may be of importance. Intraocular tension and the integrity of the corneal epithelium may be other factors. Possibly the greatest factor is the physical nature of cortisone and hydrocortisone. The relatively large crystalline structure of the steroid in the suspensions used is, in a sense, foreign to the body and certainly must be broken down into a smaller particle size before penetration can occur.

Laboratory studies by Leopold and co-workers [7c] also indicate that after topical application some cortisone does reach the vitreous and posterior segment of the eye. My observations in this respect have been made primarily in acute or chronic lesions that have been treated with the parenterally administered drug first but did not clear completely with this therapy. Remission has then occurred when cortisone drops were instilled over a period of days. One might ask if remission might not have occurred without the addition of topical therapy. We have seen these results often enough to believe that minute amounts of cortisone do reach the posterior segment of the eye; such amounts, however, are not sufficient to resolve posterior segment eye disease without prior therapy with the parenterally administered drug. By biophotometric determinations, Steffensen and Kukora [17] have shown that normal retinal sensitivity is temporarily enhanced by a single dose of corticotropin or parenterally administered cortisone. After frequent administrations of cortisone drops, however, there is no demonstrable alteration in retinal sensitivity. The cortisone concentration in the retina after frequent instillation of the suspension must be less than that obtained by a single intramuscular injection.

For a period of over two years I have observed no harmful effects in ocular tissues from the topical administration of cortisone, despite the fact that in some cases treatment has been prolonged for months, nor have I noted any effect on pupillary reaction or accommodation. Cortisone has no demonstrable effect upon normal intraocular pressure. In open corneal lesions, I have noted that cortisone in moderate doses suppresses fibroblastic proliferation, without marked effect on regeneration of the corneal epithelium; however, heavier doses definitely retard epithelization as well.

I have used hydrocortisone acetate suspension topically in a total of only 68 cases. Since cortisone is so effective in a variety of ocular diseases, it is difficult to judge the relative merits of the two drugs clinically. The fact that there is no uniformity in the severity of ocular lesions and that the etiology of certain ocular lesions may vary further complicates the comparison of these two drugs by clinical studies alone. To date I have noted no selective activity, i. e., I have found no ocular lesion that would respond to one drug and show no response to the other. It is my impression, however, that the action of hydrocortisone is slightly superior to that of cortisone. Some proof of this may be derived from three cases of acute iritis in which the response to cortisone was poor but there was a more rapid improvement when therapy was changed to hydrocortisone. In another instance of bilateral iritis, one eye was treated with cortisone while the more severely involved eye was treated with hydrocortisone. It is of interest to note that the hydrocortisone-treated eye cleared completely in 9 days, while 28 days were required for complete resolution in the cortisone-treated eye. In the final analysis, however, it appears that the relative merits of these two drugs in the treatment of ocular lesions must be determined in the laboratory on standardized lesions. An interesting observation has been made that so far has not been reported in the literature. In two cases of tuberculous keratitis and one case of chronic iritis controlled by frequent topical applications of cortisone resistance to this medicament developed. In each case, complete remission was again attained when similar treatment with hydrocortisone was given. Now that topically administered cortisone is in common use, this phenomenon will undoubtedly be encountered more frequently. It remains to be seen whether resistance to hydrocortisone will develop.

SUMMARY

The rationale for the use of corticotropin, cortisone, and hydrocortisone in ophthalmology is discussed briefly. The response of a variety of eye lesions to corticotropin and cortisone therapy is tabulated. Dosages of the drugs, the methods of evaluating adequacy of therapy, and the minimum precautionary measures for the protection of the patient are discussed. As far as possible with the present knowledge of the physiological action of these agents, their beneficial effect on various ocular lesions is explained. Evidence is presented that suggests that long-term corticotropin therapy may have the effect of regenerating retinal and optic nerve tissue. The merits and limitations of topically administered cortisone and hydrocortisone are enumerated. From the results in 68 patients treated with topically administered hydrocortisone, it appeared that effectiveness of this newer preparation is equal, if not superior, to that of topically administered cortisone. After prolonged treatment with cortisone, resistance to this drug can develop. As yet, no such resistance has been encountered with hydrocortisone.

2799 W. Grand Blvd. (2).

V 1
195

ADMINISTRATION OF FAT EMULSION BY MOUTH, GASTROSTOMY, AND JEJUNOSTOMY

Edward M. Goldberg, M.D., Irving F. Stein Jr., M.D.
and
Karl A. Meyer, M.D., Chicago

Many patients who require surgery and have obstructing lesions of the mouth, esophagus, and stomach can consume only a liquid diet. These patients often enter a charity hospital weeks or months after the onset of symptoms. As a result, severe malnutrition is usually present, which greatly intensifies the risk of performing an extensive surgical procedure, such as esophagectomy or total gastrectomy. The restoration or maintenance of body weight, positive nitrogen balance, and an adequate caloric, mineral, and vitamin intake while restricted to a liquid diet has been achieved only with difficulty in the past. Recent work [1] has indicated that fat emulsions can be used as the major source of calories in a liquid diet. This study was undertaken to determine if a high caloric liquid feeding could be administered to such patients as a supplemental or complete feeding and if this would be accompanied by weight gain, restoration of positive nitrogen balance, and minimal alteration in normal metabolism.

EXPERIMENTAL PROCEDURES AND METHODS

Ninety patients who required proionged liquid feeding owing to obstructive lesions of the mouth, esophagus, or stomach were selected for the study. All of these patients had some degree of weight loss preceding the study. All patients received a high caloric liquid feeding, consisting primarily of a 40% emulsion of peanut oil.[2] This emulsion supplies four calories per milliliter. The feedings either supplemented a ward liquid diet or consisted of a complete diet of fat emulsion in combination with a protein concentrate.[3] The supplemental feedings were administered between meals and before bedtime. Complete feedings were made up to include the daily requirements of electrolytes, minerals, and vitamins and were administered slowly throughout the day. These feedings were prepared by adding 100 gm. of the protein concentrate, which also contained many vitamins and minerals, to 1,000 ml. of the fat emulsion. Ascorbic acid, 100 mg., sodium chloride, 4 gm., and iron, 85 mg., were added to assure minimal supply of all vitamin and mineral requirements. Whenever fat emulsion was given without a ward diet the above supplement was added.

The patients were divided into two groups. Group 1 consisted of 65 patients with incomplete obstructive lesions who were administered the feedings by mouth. When the fat emulsion was used for supplemental feeding, it was administered in varying doses. All of the early patients were started on 90 ml. per day, and the doses were increased by 90 ml. per day. Later, the initial dose and daily increase was changed to 180 ml. per day. The last patients were started on doses ranging from 450 to 1,080 ml. per day. When a patient was unable to tolerate the emulsion, flavoring agents were added. If the intolerance continued, the dose was reduced or discontinued and then restored. Group 2 consisted of 25 patients with complete obstructive lesions who were fed the fat emulsion by gastrostomy or jejunostomy. These patients received between 300 and 1,000 ml. of the fat emulsion as a supplement to the ward enteric diet or as a complete feeding. In order to use the complete feeding by gastrostomy or jejunostomy, the fluid content was varied to meet individual requirements. Whenever diarrhea developed, the volume of fluids was reduced, bismuth subcarbonate added, and potassium chloride added, if indicated. All patients were weighed at frequent intervals when possible, and control weights were recorded for a period preceding and following the feedings. Each patient reported all subjective changes in bowel habits, appetite, digestive symptoms, and strength.

RESULTS

Group 1.—The results on 53 patients who received the fat emulsion by mouth are summarized in the table. The average daily dose varied from 300 to 1,080 ml. and averaged 764 ml. for all 53 patients. Forty-four, or 83%, of the patients gained weight, with an average of 5.7 lb. (2.63 kg.) in an average of 12.2 days. The weight gain ranged from 1.5 to 17 lb. (0.73 to 7.7 kg.) over a period of from 5 to 30 days. The average daily weight gain per 740 ml. of the fat emulsion was 0.47 lb. (0.22 kg.). Twenty-one patients, or 40%, noted an increase in appetite, and 35, or 66%, noted a feeling of increased strength. Twenty-four, or 46%, noted no disagreeable symptoms of any sort. Eighty-one per cent of the patients were able to tolerate the emulsion and continue the prolonged feedings. Nine patients, or 17%, failed to gain weight. Twelve other patients not included in the table began to take the fat emulsion, but because of disagreeable symptoms the feedings were discontinued during the first few days. Of the total of 65 patients administered the fat emulsion by mouth, 16, or 21%, refused further feedings after developing nausea, vomiting, diarrhea, or constipation. Nausea or vomiting developed in eight of these patients with the first dose of the fat emulsion.

From the Department of Surgery of Northwestern University Medical School and of Cook County Hospital, and the Hektoen Institute for Medical Research.

1. (*a*) Shoskes, M.; Van Itallie, T. B.; Geyer, R. P., and Stare, F. J.: Fat Emulsion for Oral Nutrition: Use of Orally Administered Fat Emulsions as Caloric Supplements in Man, J. Am. Dietet. A. **27**: 197, 1951. (*b*) Shoskes, M.; Geyer, R. P., and Stare, F. J.: Fat Emulsions for Oral Nutrition: The Absorption of Fat in the Rat, J. Lab. & Clin. Med. **35**: 968, 1950. (*c*) Shoskes, M.; Geyer, R. P., and Stare, F. J.: Fat Emulsions for Oral Nutrition: Failure of Phosphatide, Tween 80, or Choline to Influence Fat Emulsion, Proc. Soc. Exper. Biol. & Med. **75**: 680, 1950. (*d*) Van Itallie, T. B., and others: Fat Emulsions for Oral Nutrition: Metabolic Studies on Human Subjects, Metabolism **1**: 80, 1952.

2. The preparation used for oral administration, "Lipomul" (Upjohn), is a 40% emulsion of peanut oil with 10% dextrose, 2% purified soybean phosphatide, and 0.2% synthetic emulsifier (alkylarylpolyether alcohol). One thousand milliliters of this emulsion contains 200 mg. sodium, 250 mg. potassium, 140 mg. chloride, 50 mg. calcium, and 600 mg. phosphorus.

3. Somagen® (Upjohn), 100 gm. contains 70 gm. milk protein, 22 gm. dextrose, 150 mg. sodium, 1.4 gm. potassium, 1.2 gm. chloride, 1.4 gm. calcium, 1 gm. phosphorus, 5 mg. thiamine, 5 mg. riboflavin, 2 mg. pyridexine, 10 mg. calcium pantothenate, 30 mg. nicotinamide, 2 mg. folic acid, 2 gm. liver concentrate, and yeast extract from 15 gm. yeast.

Three of these patients refused further feedings after their second episode of nausea and vomiting in the course of the first three days of feeding. One patient refused further feedings after mild constipation developed on the fifth day of feeding. Varying degrees of nausea and vomiting developed in a total of 28, or 43%, of the patients. Of the patients on prolonged administration of the fat emulsion, constipation developed in 10, or 19%, mild diarrhea in 6, or 11%, and a decrease in appetite in 7, or 15%. It became necessary to discontinue treatment in only four cases of the prolonged feedings because of intolerance. Although the incidence of intolerance was high, in most cases it was of a rather mild nature. Only two patients with nausea and vomiting gave a history of fatty food intolerance. None of these patients revealed any observable gallbladder pathological condition on their cholecystogram. There was no particular correlation between the original dose and the development of disagreeable symptoms.

Group 2.—The results obtained with the 25 patients in group 2 on gastrostomy and jejunostomy feedings are summarized in the table. This group included 9 patients with a gastrostomy and 11 patients with a jejunostomy. vomiting, and one patient was constipated. In the patients with a jejunostomy a slow drip over a 12 to 16 hour period was most effective in controlling diarrhea. Hasty administration was always accompanied by disagreeable symptoms of diarrhea and, occasionally, nausea and vomiting.

Metabolic Data and Weight Change in Patients Receiving Fat Emulsion

Method of Administration	Patients, No.	Average Age	Average Daily Intake				Emulsion Supplement						
			Carbohydrates, Gm.	Proteins, Gm.	Fats, Gm.	Calories	Average No. of Days	Average Daily Intake, Ml.	Average Daily Calories	No. of Patients Gaining Weight	Average Weight Gain, Lb.	No. of Patients Losing Weight	Average Weight Loss, Lb.
Group 1													
Oral	38*	54	197	75	339	4,139	13.8	764	3,056	14	5.7	9	5.4
Group 2													
Gastrostomy	11	60	191	70	335	4,055	21.0	677	2,708	6	10.1	5	3.5
Jejunostomy	14	64	152	70	254	3,174	12.6	612	2,448	4	7.8	8	6.4

* Twelve patients were not included in this table because they had fewer than five days of therapy.

The average amount of fat emulsion administered per day ranged from 250 to 1,000 ml. and averaged 640 ml. for all 25 patients. Ten patients, or 40%, gained weight. The weight gain ranged from 3 to 22 lb. (1.3 to 10.0 kg.) over a period of from 5 to 49 days. The patients gained an average of 9.2 lb. (4.19 kg.) in an average of 26 days. The average daily weight gain per 689 ml. of the fat emulsion was 0.35 lb. (0.12 kg.). Five of the patients noted an increase in appetite, and eight noted an increase in strength. Nine patients experienced no disagreeable symptoms of any sort during the feedings. Thirteen patients failed to gain weight. The weights of two patients were unrecorded because they could not be weighed. Fourteen patients with far advanced carcinoma died because of their illness during the feedings. Of the 13 patients who failed to gain weight 12 had far advanced carcinoma. Three of the patients who failed to gain weight over the entire period recorded weight gains in the first four to seven days of the feeding. Thirteen patients had diarrhea, three patients had nausea and

4. Rubner, M.: Physiologie der Nahrung und der Ernährung, in Von Leyden, E.: Handbuch der Ernährungstherapie, ed. 2, Leipzig, Thieme, 1903.

5. Neumann, R. O., Die "Kriegsernährung" in Bonn im Winter 1916-1917 auf Grund experimenteller untersuchung, Vrtljschr. f. gerichtl. Med. 3. F. **57**:1-70, 1919.

6. Jansen, W. H.: Untersuchungen über Stickstoffbilanz bei kalorienarmer ernahrung, Deutsche Arch. f. Klin. Med. **124**:1, 1917.

7. Zuntz, N., and Loewy, A.: Weitere Untersuchungen über den Einfluss der Kriegskost auf den Stoffwechsel, Biochem. Ztschr. **90**:244, 1918.

COMMENT

Theoretically a high caloric diet is desirable for a patient with malnutrition. Rubner,[4] Neumann,[5] Jansen,[6] and Zuntz [7] have shown that without change in daily protein intake, nitrogen balance can be converted from negative to positive merely by caloric supplementation. High caloric supplementation in liquid form has not been practicable using carbohydrate or protein as the major source of calories. Fat has the advantage of a higher caloric density, but in the past a suitable method of administration was not available. Shoskes and his group [1a] have demonstrated that orally administered fat emulsions are relatively well tolerated. The previous work in the field has included few surgical patients, and, in general, the total daily caloric intake, although adequate, has not been at the high levels achieved in our study. In addition the previous studies have utilized fat emulsions primarily as a supplemental feeding. The emulsion was used in this study as the major source of calories; carbohydrate, protein, minerals, and vitamins were added merely to supply theoretical daily minimal requirements. The majority of patients in this study received no food other than fat emulsion, to which was added protein concentrate, minerals, and vitamins. This preparation actually consisted of a complete feeding of high caloric value, which could be administered by mouth, gastrostomy, or jejunostomy. Many of the patients received between 4,000 and 5,000 calories per day; some actually received more than 5,000 calories daily.

A striking clinical response was noted in patients with benign obstructive disease of the upper gastrointestinal tract. These patients rapidly gained weight and strength. Several patients who appeared near death showed dramatic improvement following high caloric therapy. A similar excellent response was noted in patients with malignancy of the mouth. A variable response was noted in cases of malignancy of the esophagus and stomach, depending on the stage of the disease. Preoperative feedings in patients with resectable lesions, in general, gave good results, whereas those patients with far advanced lesions showed temporary, if any, benefit. Fat emulsion feedings can be administered with little difficulty by gastrostomy or jejunostomy, making available a much

V 1
195

higher daily caloric intake than was previously possible. Although the gastrostomy feedings can be given rapidly, the jejunostomy feedings, as with other preparations, should be administered slowly.

Metabolic studies presently being conducted in conjunction with Grossman and Kuhl,[8] of the Army Medical Nutritional Laboratories, further demonstrate the value of high fat alimentation. These studies were conducted on five patients with wired jaw, owing to fracture of the mandible, who could consume only liquids. The patients received 1,000 ml. of the fat emulsion daily, supplemented by 70 gm. of protein. In spite of the fact that these patients received 400 gm. of fat per day, the fecal fat excretion increased by an average of only about 3 gm. daily. Previous studies have shown little change in fecal fat on diets containing 100 to 200 gm. of fat per day [9]; however, there are only a few studies on diets containing over 300 gm. of fat per day.[10] In addition a marked positive nitrogen balance was present in these patients as demonstrated by an average retention of 3.45 gm. of nitrogen per day.

At present, patient intolerance to large doses of fat emulsion due either to unpleasant taste or symptoms such as nausea, vomiting, diarrhea, or constipation is the major difficulty in the use of this material. Although the majority of patients have continued therapy in spite of some mild symptom, a few patients refused further therapy. A final question arises concerning possible detrimental sequelae following prolonged high fat administration. There were no harmful effects noted in either the clinical or metabolic study. In addition, postmortem examination of several patients with far advanced malignant disease revealed no demonstrable harmful effect from the prolonged daily administration of 400 gm. of fat.

150
952

SUMMARY AND CONCLUSIONS

1. A high caloric feeding consisting primarily of a 40% fat emulsion was administered to 90 patients.

2. Administration of 400 gm. of fat per day in the upper gastrointestinal tract is usually tolerated and is almost completely absorbed.

3. A marked increase in weight occurred in patients with benign obstructing disease of the upper gastrointestinal tract and with malignancy of the mouth. Beneficial results were also noted in some patients with malignant obstructing lesions of the gastrointestinal tract. Little, if any, improvement occurred in patients with far advanced malignant disease.

4. Nausea, vomiting, diarrhea, or constipation occurred in approximately 50% of our cases. The symptoms were often mild and transitory and usually did not require cessation of the therapy.

1835 W. Harrison St. (Dr. Goldberg).

8. Grossman, M. I., and Kuhl, W. J.: Unpublished data.

9. Arnschink, L.: Ueber die Ausnützung einiger Nahrungsmittel im Darmkanal des Menschen, Ztschr. f. Biol. **26**: 434, 1890. Rubner, M.: Versuche über die Resorption verschiedener Fette aus dem Darmkanal, ibid. **15**: 115, 1879. von Pettenkofer, M., and Voit, C.: Ueber die Zersetzungsvorgänge im Thierkörper bei Fütterung mit Fleisch und Kohlehydraten und Kohlehydraten allein, ibid. **9**: 1, 1873.

10. Wollaeger, E. E.; Comfort, M. W., and Osterberg, A. E.: Total Solids, Fat and Nitrogen in the Feces: A Study of Normal Persons Taking a Test Diet Containing a Moderate Amount of Fat: Comparison with Results Obtained with Normal Persons Taking a Test Diet Containing a Large Amount of Fat, Gastroenterology **9**: 272, 1947.

ZINC INSULIN PREPARATIONS FOR SINGLE DAILY INJECTION

CLINICAL STUDIES OF NEW PREPARATIONS WITH PROLONGED ACTION

K. Hallas-Møller, Ph.D., M. Jersild, M.D., K. Petersen, M.Sc.
and
J. Schlichtkrull, M.Sc., Copenhagen, Denmark

It is a common clinical experience that the currently available insulin preparations with protracted action, if given in one daily injection, are incapable of providing satisfactory regulation of the blood sugar level in a considerable number of patients with difficult cases of diabetes.[1] One injection daily, which is desired by diabetics and physicians, requires adequate timing of the preparation in use. Our clinical investigations on the new zinc insulin preparations, which were described in an earlier paper,[2] were carried out to determine the correct timing for these drugs. The results we have attained up to the present throw some light on the problem and indicate that these zinc insulin preparations may offer a solution to the problem of providing a single daily injection for such patients. These preparations are based on the recent discovery that insulin alone, in a precipitated amorphous or crystalline state, together with a small quantity of zinc gives a protracted effect. Modifying agents, such as protamine, histone, globin, surfen, and "subtosan" (a polyvinylpyrrolidone preparation), are not employed.

In a comparatively large group of diabetics, those with milder cases, the disease can be controlled with single daily injections of any one of most of the prolonged action insulin preparations. This group comprises patients with small as well as large insulin requirements. It is more difficult or impossible to obtain a satisfactory adjustment in the remaining patients with severe cases

From Hvidøre Hospital (Dr. Jersild).

The zinc insulin preparations used in this study were supplied by Novo Terapeutisk Laboratorium, Copenhagen, Denmark.

1. Bjuggren, S.: Question of Mixing Common Insulin with Protamine Zinc Insulin Before Injection, Nord. med. **4**: 3099, 1939. Ulrich, H.: Clinical Experiments with Mixtures of Standard and Protamine Zinc Insulins, Ann. Int. Med. **14**: 1166, 1941. Colwell, A. R.; Izzo, J. L., and Stryker, W. A.: Intermediate Action of Mixtures of Soluble Insulin and Protamine Zinc Insulin, Arch. Int. Med. **69**: 931 (June) 1942. MacBryde, C. M., and Roberts, H. K.: New Modified Protamine Zinc Insulin: Comparison with Histone Zinc Insulin, Clear and Standard Protamine Zinc Insulins, J. Clin. Investigation **22**: 791, 1943. Colwell, A. R.: Nature and Time Action of Modifications of Protamine Zinc Insulin, Arch. Int. Med. **74**: 331 (Nov.) 1944. Colwell, A. R.: Protamine Insulin Mixtures in Treatment of Diabetes Mellitus, New York State J. Med. **47**: 1103, 1947.

2. Hallas-Møller, K.; Petersen, K., and Schlichtkrull, J.: Kliniske undersøgelser med nye retardaret virkende insulin-praeparater, Ugesk. laeger. **113**: 1767, 1951.

with single daily injections of these same preparations. Therefore, the development of new and more suitable insulin preparations must be directed to the needs of this group of diabetics. The clinical experiments and observations reported here were made exclusively on patients with difficult cases.

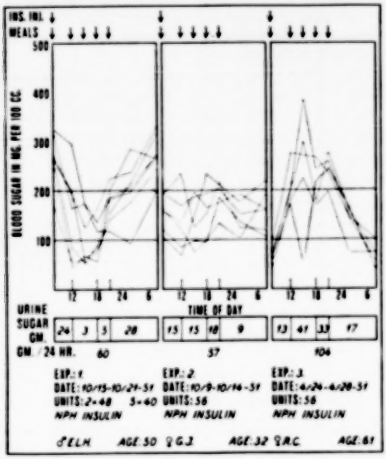


Fig. 1.—Different types of blood sugar response obtained in three diabetic patients adjusted on NPH insulin.

The experiments were carried out under conditions that corresponded as closely as possible to the patients' normal routines. The insulin was given in one daily injection at 8 a. m. The diet varied from about 1,700 to 2,000 calories, with a standard distribution of protein, fats, and carbohydrates, according to the accompanying table.

Distribution of Protein, Fats, and Carbohydrates in Typical Daily Diet of Patients Studied

Mealtime	Protein, Gm.	Fats, Gm.	Carbohydrates, Gm.	Calories
8 a. m.	7	19	28	320
12 noon	59	29	47	585
3 p. m.	4	8	11	130
6 p. m.	59	33	28	490
9 p. m.	5	7	21	175
Total	74	96	145	1,700

RESULTS

Figure 1 shows the blood sugar response of three patients to a single protracted action preparation that is currently available, a suspension of crystalline protamine zinc insulin (NPH insulin).[3] Patient E. L. H. reacted quickly to the preparation, but the effect was insufficient during the night (A-reaction, shape of curve ⌣). Patient G. J. reacted satisfactorily; the insulin supply was adequate for 24 hours (B-reaction, shape of curve ——). Patient R. C. reacted slowly to the preparation; the insulin effect was insufficient for the daytime requirement (C-reaction, shape of curve ⌢). Similar responses to two different zinc insulin preparations occurred in others (fig. 2 and 3). Thus, some patients can be classified, according to the promptness of their reactions, into fast, medium, and slow reaction types. The fast reaction type requires a relatively slow acting preparation in order to have the B-reaction, while the slow reaction type requires a relatively fast acting preparation. It may be thought that the patients who showed a B-reaction in these experiments could be considered as belonging to the easily adjusting group of diabetics, i. e., those patients who can adjust satisfactorily to any insulin preparation having a retarding effect; however, that this is not the case is shown in figures 4 and 5; in these experiments, two of these same patients (A. A. of figure 2 and T. M. of figure 3) adjusted to some preparations and not to others. It is obvious from these experiments that it is impossible to evaluate a preparation by observing only a few patients.

The terms A, B, and C reactions designate in a simple way the different blood sugar curves obtained. They indicate nothing about either the preparation or the patient but express exclusively the interaction between the factors involved, i. e., the patient, including the type of diabetes he has, his diet, and the amount of exercise and sleep he gets, and the insulin preparation used. This

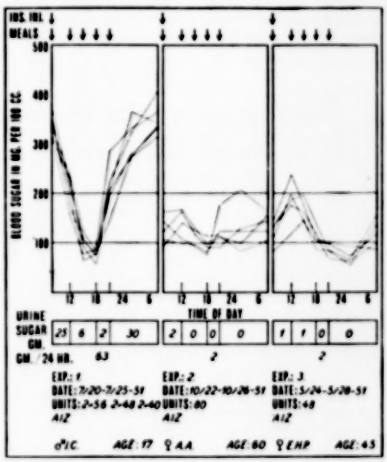


Fig. 2.—Different types of blood sugar response obtained in three diabetic patients adjusted on amorphous zinc insulin suspension (AIZ).

means that there is no simple relationship between the blood sugar response of a diabetic and the activity range of the insulin preparation. The B-reaction may be obtained with a short acting preparation or with a preparation having an activity range of more than 24 hours, depending on the patient concerned. The estimation of the patients' reactions given by the classifications A, B,

3. Peck, F. B.: Insulin Mixtures and Modifications, Proc. Am. Diabetes A. 6: 275, 1946. Gabriele, A. J., and Marble, A.: Clinical Experience with New Modified Protamine Insulin (NPH-50) Am. J. Digest. Dis. 16: 197, 1949. Colwell, A. R.; Rohr, J. H., and Reeb, B. B.: Time Action of Globin Insulin Compared with That of Protamine Insulin Modifications, Arch. Int. Med. 86: 178 (Aug.) 1950.

V 15
1952

and C can be made more precise by use of the additional expressions AB and BC, which stand for the less pronounced A and C reactions. To estimate the clinical utility of a given preparation, the reactions of a large number of patients to the preparation should be determined, and these should be evaluated statistically.

Of the Danish insulin preparations with protracted effect, crystalline protamine insulin ("insulin retard K"),[4] phenylureidoinsulin ("iso-insulin"),[5] and "di-insulin," (a mixture of insulin and phenylureidoinsulin) generally give an A-reaction, and protamine zinc insulin ("zinc-protamin-insulin") gives a C-reaction. In some cases, these preparations give a B-reaction and would, therefore be suitable as single injection preparations for certain diabetics; in the majority of cases, however, it is necessary to use the preparations in two injections or to supplement them with a fast acting insulin in order to obtain a B-reaction. NPH insulin shows, according to our preliminary observations, an equal distribution of A and B reactions in the difficult diabetic cases.

The aim of insulin therapy is to obtain the B-reaction in all diabetics with a single daily administration of insulin. It means in practice that the physician in each case must select the most suitable of the many insulin preparations available, or he must search for the most adequate combination. Obviously, in most cases this is clinically impossible. An attempt must be made to prepare a few standard preparations with different timings that are suited to the different types of diabetic patients.

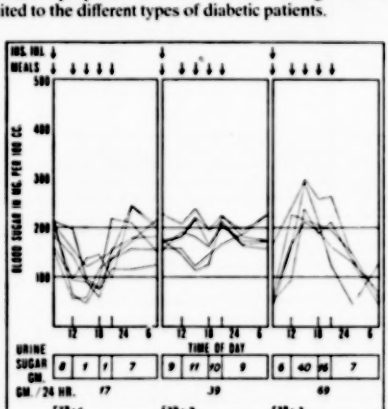


Fig. 3.—Different types of blood sugar response obtained in three diabetic patients adjusted on crystalline zinc insulin suspension (KIZ 2).

As mentioned in an earlier work,[2] preparations of the zinc insulin type can be made with considerably varied ranges of activity. These preparations are mutually miscible, and, because of this, the range of activity can be further varied. We have, therefore, been able to initiate a series of clinical investigations for the purpose of establishing the least number of preparations necessary to obtain the B-reaction in all cases and to determine the timings of these. To date our investigations have been concentrated on three types of zinc insulin preparations: (*a*) a suspension of amorphous [6] precipitated insulin, containing 2 mg. of zinc per 1,000 units, with a pH of 7.2 and an average activity range of about 18 hours; (*b*) a

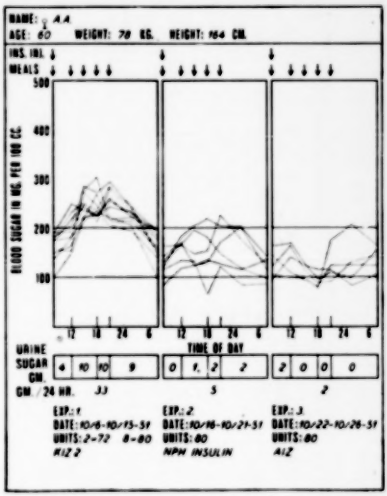


Fig. 4.—Comparison of reactions of patient A. A. (exp. 2 in fig. 2) to crystalline zinc insulin suspension (KIZ 2), NPH insulin, and amorphous zinc insulin suspension (AIZ).

suspension of ground insulin crystals (particle size about 0.002 mm.), containing 2 mg. of zinc per 1,000 units of insulin, with a pH of 7.2 and an average activity range of about 24 hours; (*c*) a suspension of insulin crystals (particle size 0.01 to 0.02 mm.), containing 2 mg. of zinc per 1,000 units of insulin, with a pH of 7.2 and an average activity range of about 30 hours.

Figure 4 shows the reactions of a patient to crystalline zinc insulin suspension, NPH insulin, and amorphous zinc insulin suspension. The crystalline zinc insulin suspension preparation gives a typical C-reaction, and NPH insulin gives a BC-reaction, whereas amorphous zinc insulin suspension gives the desired B-reaction. This type of patient is thus most satisfactorily regulated with a relatively fast acting preparation. Figure 5 shows a comparison of a patient's reactions to crystalline zinc insulin suspension and "zinc-protamin-insulin" (Novo), which gave B and C reactions, respectively. Figure 6 compares a patient's reactions to amorphous zinc insulin suspension, NPH insulin, and crystalline protamine insulin ("insulin retard K"), which gave AB, AB, and A reactions,

4. Krayenbühl, C., and Rosenberg, T.: Crystalline Protamine Insulin, Rep. Steno. Mem. Hosp. **1**: 60, 1946.

5. Hallas-Møller, K.: Chemical and Biological Insulin Studies Based upon the Reaction Between Insulin and Phenylisocyanate, Copenhagen, Denmark, Nyt Nordisk Forlag, Arnold Busck, 1945.

6. Amorphous insulin in this work refers only to the physical state of the insulin and not to the purity, as crystalline insulin was used for all experiments. Amorphous insulin is prepared by precipitation of dissolved crystalline insulin.

respectively. Figure 7 compares a patient's reactions to crystalline zinc insulin suspension and crystalline protamine insulin ("insulin retard K"). Crystalline zinc insulin

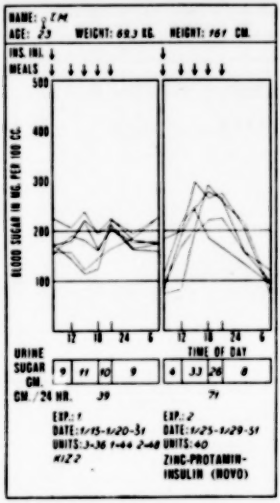


Fig. 5.—Comparison of reactions of patient T. M. (exp. 2 in fig. 3) to crystalline zinc insulin suspension (KIZ 2) and "zinc-protamin-insulin" (Novo).

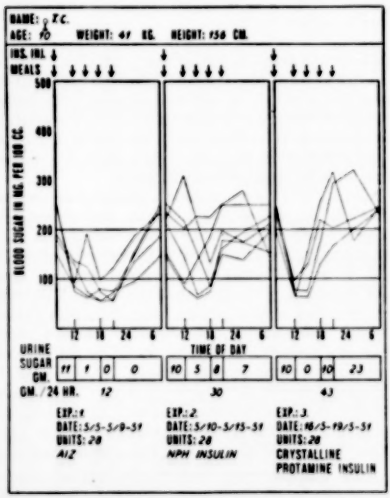


Fig. 6.—Comparison of a patient's reactions to amorphous zinc insulin suspension (AIZ) and two crystalline insulin suspensions—NPH insulin and crystalline protamine insulin ("insulin retard K").

suspension gives the B-reaction, while the other has a quicker effect, giving an AB-reaction.

COMMENT

The clinical experiments given here are a representative selection from material on 65 patients studied who had difficult cases of diabetes and who included patients of the fast, medium, and slow reaction types. It can be seen that one of the three zinc insulin preparations investigated is capable of giving a satisfactory or ideal adjustment in every case.

Patients usually requiring complicated adjustment, involving two injections daily, special combinations of the available preparations, and careful regulations of the diet, are those who are more sensitive to the activity range of the insulin preparation used and to various outside influences, such as carbohydrate intake. Because of the interaction between insulin and zinc, it is possible to prepare many series of preparations with different timings. From among the many preparations possible we selected

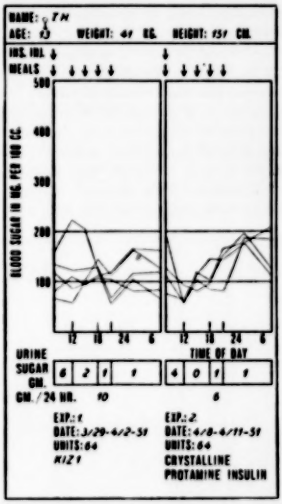


Fig. 7.—Comparison of a patient's reactions to crystalline zinc insulin suspension (KIZ 1, ground crystals) and crystalline protamine insulin ("insulin retard K").

the three described, with activities ranging from 18 to 30 hours, for clinical experiment. These three types—fast, medium, and slow acting, have brought about a considerable simplification in the troublesome adjustment of the difficult cases. By determining the patient's reaction type (A, B, or C), the preparation that gives the most satisfactory adjustment can be chosen. The final choice of the most suitable zinc insulin preparations has not yet been decided on, since more clinical data is required before such a decision can be made. It is possible that only two preparations will be necessary, owing to the mutual miscibility of zinc insulin preparations.

SUMMARY

Three protracted action insulin preparations of the zinc insulin type, with activity ranges from about 18 hours to over 30 hours were clinically tested on 65 pa-

tients with severe cases of diabetes. Preliminary results indicate that satisfactory blood sugar control can be obtained in such a patient with a single daily injection of the appropriate one of the three types of zinc insulin. Such a series of insulin preparations provides a simplified technique for the adjustment of patients with severe cases of diabetes. It is possible that only two types of zinc insulin preparations may be necessary because of the miscibility of such preparations.

115 Fugelbakkevej (Dr. Hallas-Møller).

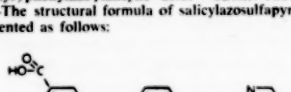
COUNCIL ON PHARMACY AND CHEMISTRY

NEW AND NONOFFICIAL REMEDIES

The following additional articles have been accepted as conforming to the rules of the Council on Pharmacy and Chemistry of the American Medical Association for admission to New and Nonofficial Remedies. A copy of the rules on which the Council bases its action will be sent on application.

R. T. STORMONT, *Secretary.*

Salicylazosulfapyridine.—Azulfidine (Pharmacia).—5-[*p*-(2-Pyridylsulfamyl)phenylazo]salicylic acid.—$C_{18}H_{14}N_4O_5S$.—M.W. 398.39.—The structural formula of salicylazosulfapyridine may be represented as follows:



Actions and Uses.—Salicylazosulfapyridine shares the actions of related sulfonamide compounds, including the potential toxic effects of sulfapyridine. Because the drug has been found to have a special affinity for connective tissue, it is proposed for use in chronic ulcerative colitis. Available clinical evidence confirms its usefulness only for this purpose and does not justify conclusions that its selective retention in connective tissue is of therapeutic significance or that it is clinically superior to other sulfonamide compounds in the management of this condition.

Salicylazosulfapyridine is broken down in the body to aminosalicylic acid and sulfapyridine. The drug is excreted through the kidneys and is colorimetrically detectable in the urine. It produces an orange-yellow color when the urine is alkaline and no color when the urine is acid.

Dosage.—Salicylazosulfapyridine is administered only orally. The average dose for adults is 1 gm. four to six times daily with no interval of more than 8 hours between doses. Larger doses may be employed in severe cases. For children over 7 years of age, the average dose is 0.5 to 1 gm. three to six times daily; children 5 to 7 years of age, 0.25 to 0.5 gm., three to six times daily.

Usual doses produce a blood concentration of sulfapyridine which seldom exceeds 1 to 2 mg. per 100 cc., a level considerably lower than that produced with the formerly recognized use of sulfapyridine as such. If slight nausea occurs, the dosage should be reduced by one-half. If nausea is severe, treatment should be discontinued for two days and then resumed at one-half the original dosage for three days before returning to full dosage. Results of therapy should be followed by rectoscopy. Treatment should be continued until such observations reveal satisfactory response even when diarrhea has stopped. Following initial rectoscopic response, adult dosage should be reduced to 0.5 gm. three times daily.

Because of the unusual toxicity of sulfapyridine as compared with other sulfonamides, patients should be especially observed for toxic manifestations characteristic of this group of drugs. If leukopenia or severe drug fever and exanthema appear, therapy should be immediately discontinued. Periodic blood counts and careful observation are essential.

Tests and Standards.—

Physical Properties: Salicylazosulfapyridine is a brownish yellow, odorless powder, m. p. 220-240° (with decomposition). It is slightly soluble in alcohol; and practically insoluble in benzene, chloroform, ether, and water.

Identity Tests: Carefully heat about 50 mg. of salicylazosulfapyridine in a small test tube over an open flame: the powder melts to an orange liquid, and upon continued heating, chars and gives off yellow fumes and sulfur dioxide.

To about 20 mg. of salicylazosulfapyridine suspended in 5 ml. of water, add, dropwise, sodium hydroxide T.S. until it dissolves: an orange-red color develops.

A 0.00075% solution of salicylazosulfapyridine, prepared as directed in the spectrophotometric assay, exhibits ultraviolet absorption maxima at about 237 and 359 mμ [specific absorbancy, E(1%, 1 cm.), about 658], and minima at 222 and 285 mμ.

Purity Tests: Digest 2 gm. of salicylazosulfapyridine with 100 ml. of water at about 70° for 5 min. Cool to 20° and filter. To 25 ml. of the filtrate add 1 ml. of nitric acid and 1 ml. of silver nitrate T.S., make up to 50 ml. with water, and allow the mixture to stand in the dark for 5 min.: the turbidity does not exceed that of 0.1 ml. of 0.02 *N* hydrochloric acid diluted to 25 ml. and treated in the same manner (*presence of chloride*). To a second 25 ml. portion of the filtrate add 1 ml. of diluted hydrochloric acid and 2 ml. of barium chloride T.S., make up to 50 ml. with water, and allow the mixture to stand for 10 min.: the turbidity does not exceed that of 0.2 ml. of 0.02 *N* sulfuric acid diluted to 25 ml. and treated in the same manner (*presence of sulfate*).

Dry about 1 gm. of salicylazosulfapyridine, accurately weighed, at 105° for 2 hours: the loss in weight does not exceed 2.0%.

Char about 1 gm. of salicylazosulfapyridine, accurately weighed, cool the residue, add 1 ml. of sulfuric acid, heat cautiously until evolution of sulfur trioxide ceases, ignite, cool, and weigh: the amount of residue does not exceed 0.5%. Save the residue for the heavy metals test.

Dissolve the residue from the charring in 15 ml. of 1% acetic acid. Transfer the solution to a Nessler tube, bring to a volume of 25 ml., and run a *U. S. P. heavy metals test*: the amount of heavy metals does not exceed 20 ppm.

Assay: (Salicylazosulfapyridine) Prepare a 0.00075% solution of salicylazosulfapyridine as follows. Transfer to a 100 ml. volumetric flask 0.15 gm. of salicylazosulfapyridine, accurately weighed, dilute to the mark with 0.1 *N* sodium hydroxide, and mix. Transfer 5 ml. of the solution to a 1000 ml. volumetric flask containing about 750 ml. of water, add 20 ml. of 0.1 *N* acetic acid, fill to the mark with water, and mix. (The pH must be 4-5.) Spectrophotometrically determine the absorbancy in a 1 cm. quartz cell at 359 mμ, using water as a blank. The concentration of salicylazosulfapyridine in the solution in mg./ml. = absorbancy ÷ 65.8. The amount of salicylazosulfapyridine is not less than 88.0%.

Transfer to a 500 ml. Erlenmeyer flask about 0.15 gm. of salicylazosulfapyridine, accurately weighed, dissolve it in 15 ml. of 2 *N* ammonium hydroxide, and add 100 ml. of water. Heat the solution to 70°. While passing carbon dioxide through the solution, add 10 ml. of hydrochloric acid and 20 ml. of 0.1 *N* titanium trichloride, and keep the mixture at 70° until all of the precipitate goes into solution (about 2 min.). Cool to 15° and titrate the excess titanium trichloride with 0.1 *N* ferric chloride, using about 2 ml. of 10% ammonium thiocyanate as an indicator. Each milliliter of 0.1 *N* titanium trichloride consumed is equivalent to 0.009959 gm. of salicylazosulfapyridine. The amount of salicylazosulfapyridine is not less than 88.0%.

Dosage Forms of Salicylazosulfapyridine

TABLETS. *Identity Tests:* The powdered tablets respond to the identity tests for the active ingredient in the monograph for salicylazosulfapyridine.

Assay: (Salicylazosulfapyridine) Transfer to a 100 ml. volumetric flask an amount of powdered tablets equivalent to 0.15 gm. of salicylazosulfapyridine, fill to the mark with 0.1 *N* sodium hydroxide, and mix. Centrifuge a portion of this solution and transfer 5 ml. of the clear solution to a 1,000 ml. volumetric flask containing 750 ml. of water. Proceed as directed in the spectrophotometric assay for salicylazosulfapyridine in the monograph for salicylazosulfapyridine starting with, ". . . add 20 ml. of 0.1 *N* acetic acid . . ." The concentration of salicylazosulfapyridine in the solution in mg./ml. = absorbancy ÷ 65.8. The amount of salicylazosulfapyridine is not less than 95.0 nor more than 105.0% of the labeled amount.

Pharmacia Laboratories, Inc., New York

Tablets Azulfidine: 0.5 gm.

Estrone-U.S.P. (See New and Nonofficial Remedies 1952, p. 332).

Eli Lilly & Company, Indianapolis.

Aqueous Suspension Estrone: 10 cc. ampuls. A suspension containing 2 mg. of estrone in each cubic centimeter, 5 cc. ampuls. A suspension containing 5 mg. of estrone in each cubic centimeter. Preserved with thimerosal 1:10,000.

THE JOURNAL
OF THE AMERICAN MEDICAL ASSOCIATION
535 N. DEARBORN ST. . . . . CHICAGO 10, ILL.
Editor . . . . . AUSTIN SMITH, M.D.
Associate Editor . . . . . JOHNSON F. HAMMOND, M.D.
Editor for Medical Literature Abstracts . GEORGE HALPERIN, M.D.

Subscription price . . Fifteen dollars per annum in advance
Cable Address . . . . . "Medic, Chicago"

THE DENVER MEETING

Elsewhere in this issue of THE JOURNAL (page 1676) are the abstracts of the proceedings of the House of Delegates of the Americal Medical Association at the Clinical Session in Denver, Colo., Dec. 2-5, 1952. The actions are abstracted so that the readers of THE JOURNAL may have this information in digest form. The complete official proceedings will be made available later in a booklet. It is hoped that members of the Association will read the abstracts so that they may be informed concerning the activities of their policy-making body, the House of Delegates, as the actions of this body have a direct or indirect relation to their own activities.

In his first address to the House of Delegates as its Speaker, Dr. James R. Reuling proposed several procedures that, if followed, will enable the House to expedite its considerations. All were adopted following a favorable recommendation by the Reference Committee on Reports of Officers.

President Louis H. Bauer likewise indicated a desire to offer constructive suggestions when he referred to shortages of physicians in some areas. He proposed among other projects the encouragement of communities seeking physicians to establish satisfactory facilities for medical practice. He also suggested the revision of the requirements of specialty boards to permit general practitioners to achieve specialization and to encourage more physicians to experience general medical practice before choosing a specialty for additional training. Of particular interest at this time are his comments on some ethical aspects of practice and medical organizations. Equally compelling were his references to medical personnel for the armed forces and to the International Labor Organization.

The House of Delegates devoted much time to the consideration of problems related to veterans. These considerations were preceded by an address by Dr. Norman R. Booher, representing the American Legion. After lengthy hearings the Reference Committee on Insurance and Medical Service issued a report that in turn elicited lengthy discussion by members in the House but that finally was adopted (see page 1690). Other matters concerning the armed forces and veterans were also the subjects of spirited discussion, all of which reflects the determination of the House of Delegates and other component parts of the American Medical Association to follow closely the role of physicians in the armed forces and in the care of veterans. More will appear on the "doctor-draft law" and treatment of non-service, connected disabilities in veterans in early issues of THE JOURNAL.

Reports on medical education, blood banks, gamma globulin and anterior poliomyelitis, establishment of grievance committees and resolutions on liability insurance and participation in scientific experiments of inmates of penal institutions were among the actions before the House. In addition, the A. M. A. Board of Trustees voted a $10,000 contribution to the Committee on Careers of Nursing, whose $138,000 annual budget is contributed by the A. M. A., the American Hospital Association, the American Nurses Association, and the United Community Defense Service. The Board also announced its third contribution of half a million dollars to the American Medical Education Foundation, which was organized in 1950 to help raise funds within the profession for hard-pressed medical schools. The House adopted a resolution reiterating its stand for the creation of a federal department of health with cabinet status. In another resolution the House approved a statement by the Board of Trustees urging the American Medical Association and constituent state medical societies to encourage programs offering to provide the services of a physician to anyone unable to pay for them.

More than 400 persons, including many physicians, attended the fifth Medical Public Relations Conference the day before the meeting opened. Radio and television again played important roles in convention activities. It was estimated that 35 million persons saw the Tuesday night 30 minute television show from Denver and 50 million persons saw the 30 minute Thursday night show. Dr. W. W. Bauer, Chicago, and Marshall & Hester, New York, arranged for 21 fine radio and television programs during the four day session, including nationwide newscasts of the award to the General Practitioner of the Year on NBC and CBS. In addition, five tape-recorded radio programs originating in the meeting were supplied to radio stations in Albuquerque, N. Mex., and Los Angeles.

The total registration was 7,635, which included more than 2,800 physicians and more than 400 medical students. Also present were almost 600 nurses and more than 200 technicians. There were more than 60 scientific exhibits and 140 technical exhibits. Two hundred physicians participated in the scientific papers offered to audiences with varied interests. Incidentally, 17 baggage and freight cars were required to move the equipment necessary for the preparation of this meeting.

Among other widely discussed subjects at the convention were an article in the Denver *Post* describing how a physician practicing in a small town or rural area keeps up-to-date medically, a full page advertisement by the

V 1
195

Denver Council of Hospitals and Blue Cross and Blue Shield on the medical, hospital, and surgical services available through Colorado hospitals and physicians, and the address by President-Elect E. J. McCormick at the public relations conference. On the scientific side were comments on papers given by men who asserted endocrine preparations are used too freely for sexual and mental problems, burns should be treated with extreme care because they sometimes are made worse by first aid treatment, peace of mind may be more important than diet for patients with peptic ulcers, minor but long-lasting infections should not be ignored, as they may indicate more serious trouble, and asphyxia of the newborn may be due to one of five factors: improper function of brain areas that control respiration, reduced oxygen supply to the blood before delivery, lung abnormalities, mechanical obstruction of air passageways, or mechanical compression of the lungs by abnormal conditions within the chest. The A. M. A. medical exhibit on fractures was popular as always, but so also, to mention only a few, were the papers on the use of plastic "buttons" to close openings in the septum of the heart, the relation between chronic asthma and emotions, such as may be found in children under stress in their home environment, and the relation of anger to arteriosclerosis. The "mechanical kidney," which was on display, and the demonstrations on the newer life-saving techniques likewise attracted many visitors.

Other exhibits and papers also were popular because of their practical nature. They were intended for the practitioner, primarily the family doctor. And yet there was much to interest the specialist. Exciting considerable comment were the exhibits on new drugs, new books, and other aids to practice, especially those directed to office procedures in fields such as pediatrics, cardiology, dermatology, gynecology, surgery, anesthesiology, and the laboratory.

In reviewing the activities observed at the convention —scientific, organizational, and social—one is impressed by many things, particularly the deliberations of the House of Delegates, the reports and suggestions of the officers, and the comments of visitors. For example, Albert William Sr., of Denver, president of the United States National Bank, addressed the fifth Medical Public Relations Conference and asserted that fear was at the bottom of most human problems. He said "the greatest thing a doctor can do is quiet the fears of the people. Health is a national asset, a national security. Doctors have the confidence of both the sick and the well. The community thinks highly of the doctor and expects much from him." It is to help meet this demand that the American Medical Association organizes its medical meetings. And to satisfy the need doctors by the thousands attend the conventions. Next year probably more than 15,000 will gather in New York during June 1-5, to visit the hundreds of exhibits and listen to the hundreds of discussions that will be offered at the annual meeting of the Association. It is not too early to plan now for this meeting.

PROTECTION AGAINST IRRADIATION

It is now well established that lead shielding of various organs or portions of the body increases the survival rate in animals exposed to high doses of x-radiation. While it has been assumed that the beneficial effects are due to protection of hematopoietic tissue, Storer, Lushbaugh, and Furchner [1] point out that it has not been shown conclusively that other tissues, such as muscle, connective tissue, primitive reticulum, and bone, which are unavoidably shielded in these experiments, do not contribute to the protective effect or that this protection depends on well-developed hematopoietic tissue. The Los Alamos investigators have offered an answer to these uncertainties by an ingenious series of experiments that took advantage of the fact that the marrow cavity of the rat tail, which normally contains only fat and reticulum, becomes gradually filled with hematopoietic tissue if the tail is implanted in the abdominal cavity.[2] Ectopic marrow was produced in this fashion in a total of 120 rats. The tails were then exteriorized and the animals exposed to total body x-radiation, either with or without the tail being shielded. Following irradiation, the tails were reinserted into the peritoneal cavity. In a group of 75 rats, 68% of 38 animals with shielded tail survived while only 32% of 37 animals with unshielded tails survived. In contrast, there was no significant difference in mortality in rats with or without shielding of the normal tail, indicating that the previously reported beneficial effect of shielding bony structures is due to the protection of the hematopoietic tissue per se.

In another group of animals no appreciable differences were observed between animals with or without shielding of ectopic tail marrow as regards white cell count, hemoglobin levels, uptake of radioactive iron and microscopic anatomy following irradiation. This is in contrast to the marked differences reported by Jacobson and his associates [3] between animals irradiated with and without protection of the spleen. Storer and his associates suggest that the observed lack of differences might be due to the minuteness of the marrow shielded, in which case survival would represent the most sensitive criterion in evaluating protective measures against irradiation hazards. In view of their findings, Storer, Lushbaugh, and Furchner feel that their study does not suggest that survival following protection of hematopoietic tissue is due either to increased regeneration of bone marrow attributable to a humoral factor, an explanation favored by Jacobson, or to ectopic hematopoiesis due to seeding the organism with normal hematopoietic cells as suggested by Lorenz.[4] Rather, they suggest survival may simply be due to the fact that the protected spleen or marrow supplies a sufficient number of undamaged circulating white cells to maintain the minimal defense mechanisms until regeneration of marrow occurs.

1. Storer, J. B.; Lushbaugh, C. C., and Furchner, J. E.: The Protective Effect of Shielded Ectopic Bone Marrow Against Total Body X-Radiation, J. Lab. & Clin. Med. **40**: 355, 1952.

2. Huggins, C., and Blocksom, B. H., Jr.: Changes in Outlying Bone Marrow Accompanying a Local Increase of Temperature Within Physiological Limits, J. Exper. Med. **64**: 253, 1936.

3. Jacobson, L. O., and others: Further Studies on Recovery from Radiation Injury, J. Lab. & Clin. Med. **37**: 383, 1951.

4. Lorenz, E.; Uphoff, D.; Reid, T. R., and Shelton, E.: Modification of Irradiation Injury in Mice and Guinea Pigs by Bone Marrow Injections, J. Nat. Cancer Inst. **12**: 197, 1951.

HELP FOR THE BLIND

Blindness at any age demands of its victims a tremendous personal, social, and economic adjustment. For help in this adjustment the newly blind adult or the parents of the child born blind frequently turn to the family physician. It is essential, therefore, that physicians become acquainted with the many facilities and services available for the education or rehabilitation of these patients. An excellent source of information on this subject is the American Foundation for the Blind, a national private agency that serves as a consultation center for all phases of work with the blind and maintains a directory of all federal, state, county, city, and private agencies serving the blind in the United States and Canada. From the foundation can be obtained an outline of the facilities available in any state or community as well as a description of the aids offered by the foundation itself. Physicians can avail themselves of this valuable service.

The extent of the over-all program for the blind in this country is not fully realized by many. The educational program begins with the preschool child. A number of state legislatures have appropriated funds for the training and support of visiting teachers who go into the homes of these children and assist with their early training. For blind children of grammar school age there are now 52 boarding schools with an enrollment of about 5,300 pupils distributed over 40 states, Hawaii, and Puerto Rico.[1] Twenty-five cities in 10 states and the District of Columbia conduct special classes for the blind in public schools. These classes have an enrollment of 500 pupils. Braille books and equipment for blind students are supplied in large part by the American Printing House for the Blind in Louisville, Ky., which receives for this purpose an annual appropriation of $125,000 from the federal government. Many blind children, when they reach high school age, are able to attend public schools, and a number go on to college, where they follow the regular curriculum. Some of the required college textbooks are available in braille or can be transcribed or recorded for the blind student by volunteer workers. Others are read to blind students by persons paid from scholarship funds offered by 18 states and by the American Foundation for the Blind.

The program is not limited to the education of blind children. Since at least two-thirds of the blind lose their sight after the age of 20, there is much need for rehabilitation of the adult blind. Such services are available in each of the 48 states from both state and national agencies. In large cities, services are also available from local private agencies, which have the advantage of greater freedom and flexibility in their programs. The first contact with a newly blinded adult is usually made by a home teacher or social case worker from the public or private agency serving the community. This worker helps the blind person relearn such simple procedures as dressing, shaving, eating, moving about, and caring for his clothes and person. Gradually he is introduced to the cultural and recreational services available to him: the use of braille books, Talking Book recordings, typewriting, script writing, simple hand skills, hobbies, and household activities. In some cases he is instructed in travel techniques, either alone or with a guide dog provided by such organizations as the Seeing Eye. When ready, he may be introduced to group teaching methods and prevocational training in state-operated or privately operated regional adjustment centers, where he may spend up to several months in residence, the state paying the bill. Here men and women may study braille; typewriting; leathercraft; weaving; ceramics, plaster casting, and molding in plastics; domestic science, including sewing and laundry techniques; gardening; and object perception. For vocational rehabilitation of the blind, federal, state, and private funds are available. These provide not only for maintenance during training but also for the purchase of books, tools, equipment, and any prosthetic devices essential to the obtaining or retaining of employment. A vocational guidance and placement service is another feature of this program. Such assistance is provided for training in any type of employment considered feasible or for training that will improve vocational success. Many of the rehabilitated blind take their places successfully in agriculture, business, industry, and the professions. In 1949 about 2,000 blind persons conducted their own businesses, 500 held clerical jobs, 500 were commercial representatives, about 750 practiced various professions, and 1,500 were engaged in miscellaneous occupations. About 3,000 were employed in home industry schemes and an equal number in sheltered workshops, of which there are more than 100 in this country under private or public management. During World War II, as many as 2,500 were employed in open industry.

Blind persons unable to work or in financial need are given assistance through federal-state pension plans. Others are taken care of in homes for the blind, of which there are about 40 in the United States, mostly established and financed privately. Such homes are not necessarily limited to the aged blind, and some admit the working blind. For the war blinded, an extensive system of pensions and services has been set up by the federal government. For all the blind, reduced railroad and bus fares are offered by public carriers, and reduced postage or postage-free mailing is provided by the federal government for embossed or recorded reading material or special equipment for the blind. Special income tax deductions are also available to all blind persons.

A number of other services are also available to the blind. The Library of Congress, through some 27 affiliated libraries, loans braille books and Talking Book machines and records. Various religious bodies provide free subscriptions to embossed periodicals, and the Hadley Correspondence School for the Blind offers free correspondence courses. The American Foundation for the Blind provides free radios and summer vacations to those that cannot afford them and furnishes at cost or less typewriters, Talking Book machines, braille watches and thermometers, and other special devices for the blind. This is only a part of the program with which physicians can become familiar in order to be of maximum service to their blind patients.

1. These and subsequent data were obtained from publications of the American Foundation for the Blind, 15 West 16th Street, New York 11, N. Y.

V 1
195

THE PRESIDENT'S PAGE

A MONTHLY MESSAGE

Much has happened since I wrote my previous page. A national election has occurred, and as a result a new administration will take over in Washington on Jan. 20, 1953. It was in no sense a partisan triumph. That is indicated by the tremendous Electoral College majority received by General Eisenhower, and the small majority obtained in Congress by the Republican party. More persons voted than in any previous election. That is as it should be. Democracy cannot long survive if nearly 50% of the people do not vote, as was the case in the 1948 election. In the recent election about 60% of those eligible and about 80% of those registered voted. That represents a great improvement. Every true citizen has a civic duty and should take personal interest in the welfare of his country.

Regardless of how we voted, we are a united nation and should support the new President in the tremendous tasks before him. As far as the medical profession is concerned, there is general agreement that we are in less danger of socialization than for a number of years. Whether we ever face that danger again depends largely on ourselves. We have been given the opportunity to solve the problems of health in a truly American way. It would be folly if we did not exert all our efforts to do so.

There are certain things that must be done if we are to preserve our American system of medicine. These are: (1) Work with rural communities to establish facilities for physicians, so that we shall have a better distribution of physicians; (2) See that good medical care for the indigent is available everywhere, just as it is in some states; (3) Extend public health coverage to areas lacking it; (4) Develop plans for the care of the chronic invalid; (5) Expand our voluntary insurance program not only to cover more persons but to cover those over age 65 and those suffering from illness of long duration; (6) Clean our own house, by disciplining those physicians who are tarnishing the reputation of the whole profession by their unethical acts of overcharging, accepting kick-backs, and making commercial arrangements with pharmacists; (7) See that the public is protected so that they can always obtain the services of physicians; (8) Revitalize our county societies and make them leaders in their communities in all health matters; and (9) Inculcate the newly trained physician in the traditions and ethics of medicine.

Then there are certain legislative matters that will require our attention and earnest study, such as: 1. The establishment of a department or independent agency of health in the federal government. It must not be tied in with education or social security. Health is important enough to warrant an agency by itself. 2. The making of constructive suggestions for the solution of the problem of the totally disabled under the social security law. 3. Obtaining sufficient physicians for the armed forces, without injustices or upsetting civilian medical care programs. 4. Enactment of a law allowing pensions or retirement privileges for the self-employed, along the lines of the Reed-Keogh bill introduced in the last Congress.

Another matter, which may or may not require legislation, is a solution of the problems related to the Veterans Administration.

These are a few of the matters that will engage our activities in the immediate future. They will require the labors and cooperation of all our constituent and component units, as well as the support of the individual members of the profession. A united profession can accomplish much, while a disunited profession can accomplish nothing.

Since I wrote my last page, another meeting of the House of Delegates has passed into history. Almost all of the matters I have already mentioned were considered by the House. A great deal of time was spent in the reference committee on the so-called Doctor-Draft law. The report of the Committee on Federal Medical Services received the widest attention of all. The reference committee meeting was so well attended that it had to hold its sessions in the room reserved for the House. The report also received considerable discussion on the floor of the House. The final action of the House was, as usual, the wise one. It accepted the committee report that all cases of service-connected disabilities should receive every possible care in Veterans Administration facilities; that, because of the lack of adequate community facilities, all non-service-connected cases of tuberculosis or neuropsychiatric disorders should also be treated in veterans facilities, until such time as local community facilities might become available.

The third recommendation that all other patients with non-service-connected disabilities be denied admission to Veterans Hospitals was approved in principle, but the suggestion that before any action is taken representatives of the American Medical Association, the American Dental Association, the American Hospital Association, the Veterans Administration, and the veterans organizations sit down together and work out a satisfactory solution to the problem, was adopted. A great step forward has been taken in solving this vexing problem. It is hoped that within another year it may be solved once and for all with justice to the veterans and also with justice to the economy of the country.

The Sixth Clinical Session was well attended, and only enthusiastic comments were heard. Although these Clinical Sessions cost the Association considerable money, I believe they are well worth the cost. They provide an opportunity for training of the general practitioner that it is our duty to provide. By meeting in cities and areas that cannot accommodate the Annual Sessions, they attract many members who do not attend the Annual Sessions. That results in bringing the Association closer to its members.

In my talk to the House of Delegates, I recommended, and the House approved, the appointment of a committee to confer with a committee from the Advisory Board of Medical Specialties, to see if some changes cannot be made to increase the flow of general practitioners, lessen the flow of specialists, and make general practice a requisite prior to specialization, or at least make it possible for a general practitioner to become a specialist. I cannot but feel that some of the troubles we face today are due to the fact that too many doctors are taking up specialties and too few general practice. I believe the problem can be solved, without lessening the quality of our specialists. The general practitioner is the keystone of the arch of our system of medicine. Without him much of the doctor-patient relationship is lost and the cost to the patient for his medical care is greatly increased.

In closing I hope every member of the Association had a Merry Christmas and will have a Happy New Year. In the new year that dawns ahead, let us go forward, united in an effort to constantly improve the medical care in this country and make it available to every citizen.

Louis H. Bauer, M.D.
Hempstead, N. Y.

150
952

ORGANIZATION SECTION

ABSTRACT OF PROCEEDINGS OF THE HOUSE OF DELEGATES AT THE CLINICAL SESSION IN DENVER, COLO., DEC. 2-5, 1952

The actions of the House of Delegates at the Denver Session are herewith abstracted so that the readers may have this information in digest form. The official proceedings will be made available, as in the past, in a booklet, which will be sent to all members of the House of Delegates and officers of the American Medical Association by the Secretary. This booklet will not be available for several weeks.—ED.

Report of Reference Committee on Credentials

Dr. K. S. J. Hohlen, Chairman, reported that 177 delegates had registered, and the Speaker announced that a quorum was present.

Invocation

Rabbi C. H. Kauvar of Denver delivered the following invocation:

Almighty, all loving Father, we invoke Thy blessing on the American Medical Association and humbly pray that Thy holy presence may guide its deliberations. Pour forth Thy rich, heavenly grace on the President of the Association, the officers associated with him, on the Speaker of the House of Delegates, the leaders, and participants in this convention.

We are grateful to Thee, O merciful God, for the men and the women who have remained ever loyal to the ancient, honored medical tradition of dedicated service. Do Thou vouchsafe unto them Thy blessings for the self-sacrificing devotion to all who call on them in need, who, with a compassion akin unto Thine, are ready to give hope, help, healing to Thy stricken children. O Lord of the universe, Thou who renewest Thy creation daily and givest new cures continually, do Thou dower with Thy wisdom the faithful practitioner, the gifted scientist, the skilled technician in hospital and laboratory, that they may read Thy thoughts after Thee and find new cures by wresting the long-guarded secrets of nature, cures stored in the very soil, that they may find remedies in the light of the sun with healing in its wings.

O faithful Physician, dower us with the medicine of the soul, and do Thou heal the ills of our sick world, so that the evils caused by man's inhumanity to man, the torture and torment of our generation that have divided our world into hostile camps, may be consumed like smoke and pass away from our earth.

Do Thou bless, guide and guard our republic, that she may ever remain the conscience of humanity, the spiritual leader in the family of nations. Lead by Thy divine love that our earth may yet become Thy holy hill where none shall hurt nor destroy. And may Thy precious, priceless blessings of peace and brotherhood unite all men and all nations in the light of love and justice and truth.

We ask it, O God, in Thy name, our Father in heaven. Amen.

General Practitioner of the Year

Dr. Dwight H. Murray, Chairman, Board of Trustees, presented the following report:

In accordance with the revised method of procedure adopted by the House of Delegates, the Board of Trustees wishes to present as the General Practitioner of the Year Dr. John Mastin Travis of Jacksonville, Texas.

Dr. Travis was born on Jan. 25, 1877. In his early years he taught school in East Texas and later began his medical education, graduating from the old Southwestern University in Dallas in 1907. He started practice at Martin's Mill 45 years ago, later moving to Jacksonville, where in 1913 he started general practice. During the years that he practiced he did not neglect his continued training and search for knowledge and did postgraduate work at numerous different medical schools and hospitals. He made an intensive study of doctor needs in rural communities and was one of the originators of a plan to permit medical graduates to serve their internships in small-town hospitals. He has been prominent in civic affairs, like so many other successful general practitioners in small communities. He has been a member and chairman of the malarial control committee of the East Texas Chamber of Commerce, which successfully developed its program many years ago. In April, 1940, the East Texas Chamber of Commerce named Dr. Travis its "Man of the Month," and in connection with this award said: "For the last two decades he has been one of the outstanding leaders in the promotion of public health and sanitation throughout the state and more particularly in the East Texas area. His achievements stand as a monument to an outstanding member of the medical profession who gives unstintingly of his time and services." For two years he served the local Chamber of Commerce as its president. He is a charter member and past president of the Jacksonville Rotary Club and an enthusiastic member of the East Texas Cattle Raisers Association. He has been devoted to medicine and helped organize the American Academy of General Practice, of which he is a charter member.

Here is a man who exemplifies the best in our system of free enterprise, a leader in his community, respected and loved by his colleagues and the people he has served so well. American medicine can be proud of Dr. John Mastin Travis, a true son of Texas, whom not only Texans but all Americans can honor.

Remarks of the Speaker, Dr. James R. Reuling

The Speaker presented the following remarks, which were referred to the Reference Committee on Reports of Officers:

To the Members of the House of Delegates of the American Medical Association:

Before proceeding with the formal "Remarks of the Speaker," I want to express to this House my deep appreciation of your messages for a speedy recovery received at the time of the last annual session while I was confined to the hospital and unable to be in Chicago. Also, there were many messages from individual members and from state delegations, for which I am deeply grateful and which helped in no small measure. I also want to express my thanks to Dr. Askey for his able assistance in substituting for me as Vice Speaker.

This is the first session of the House at which I have the privilege of presiding as Speaker. It is a great honor that you have bestowed on me, and I trust that I may preside in such a manner as to bring distinction to the House of Delegates of the American Medical Association. In the vernacular they speak of "from A to Z"; I realize there have been many preceding speakers, all capable. However, my memory is limited—instead of A to Z, I go only from B to V—your last Speaker who served this House so ably was Dr. F. F. Borzell, and as a freshman member of this House I sat before a great parliamentarian and a distinguished physician, Dr. Nathan B. Van Etten—so from B to V.

Nov. 4 is past. I am sure we can all take pride that American medicine was in the vanguard during the past four and more years and chiefly responsible for first showing and then slowing the trend of our federal government toward the socialistic state; however, we must be ever vigilant. This is not the time for complacency. There are many in this great country of ours and, unfortunately, some in our own profession, who would regiment us. We would be foolhardy to think that these individuals will now give up. We must progress along sound lines and consider that the socialistic trends are only temporarily delayed however devoutly we may hope that they have been permanently stopped!

Regarding the functions of a Speaker, there are some things I would like to touch on briefly. My conception is that a Speaker should always endeavor to guard the rights of minorities. Majorities can always take care of themselves. A Speaker should never attempt to direct the thinking of a house. The rulings of a presiding officer, unless he be one of the few who makes his livelihood as an expert parliamentarian, cannot always be right. I stress this for I want you to know that there will be no resentment of any appeals from the decisions of this chair. In this connection, I would suggest that the House of Delegates give serious consideration to the employment of a professional parliamentarian who would attend all meetings of the House. The recommendation for his employment would have to be submitted to the Board of Trustees, as they are responsible for the expenditure of funds.

I have prepared instructions for tellers about which you should be informed. The tellers will, as usual, make the official count of any written ballot. For this purpose tellers will operate under the assignment of the chief teller. The count will be reported to him, and he, in turn, will report when requested by the Speaker. However, an innovation will be inaugurated at this Session in that the tellers will be assigned by the chief teller to specific sections of the House where they will make a count if requested by the Speaker. Such a count will be made of any vote when a show of hands is called for as well as any standing vote. In each of these instances, the tellers will report their count to the chief teller, who will report to the Speaker. So you will note that on any call for a division your cooperation will be required either by keeping your hand up or remaining standing until the teller in your section of the House shall have completed his count.

In the future, if it meets with the approval of the House, delegates who are members of councils or standing committees will probably not be appointed to reference committees. This suggestion is made for two reasons: First, councils frequently have meetings at the time of the meeting of the House of Delegates and when this occurs, the individual's first responsibility is to the council of which he is a member. This, then, leaves a vacant chair at the hearings of the reference committee. The second reason, equally important, is that the delegate serving on both a council and a reference committee may have referred to the reference committee matters in which the council is interested. The individual then becomes both advocate and jury, which would seem to be a bad procedure.

Your attention is called to a standing order of the House that all resolutions must be presented on official stationery. The typist will prepare the required eight copies. If state secretaries will request from the headquarters office in Chicago a supply of these blanks, you will not have to wait until you get to the session, but may have them prepared ahead of time. This procedure of getting the official form from your state secretary can be used for resolutions originating in constituent state associations or for resolutions of individual delegates. I know from personal experience as a delegate how difficult it is to be able to find a stenographer to dictate a resolution to on the first morning of a meeting of the House. If you prepare them at home before coming to the meeting, another suggestion to expedite the work of the House can be carried out, that is, the publication of those resolutions in THE JOURNAL. This would also enable the Speaker to indicate their probable reference in advance to chairmen of reference committees. Such a procedure would further expedite our work in that the members of the reference committee concerned can study the resolutions before coming to a session.

The standing rules of the House provide that motions may be submitted in writing. If verbal motions are made which deal with apparently controversial matters, I may request that they be submitted in writing. The purpose of this is that proper reference can be made without getting into parliamentary snarls or, what is even more important, creating bad press or public relations.

For the guidance of reference committees, I would stress that committee members sign an original and one copy of reports. It is necessary that at least a majority of the members of a reference committee sign the report before it can be submitted to the House. Frequently, considerable time is lost because a chairman whose report is completed has not been able to reach his committee members. Please, when you are assigned to a reference committee look up your chairman and sign the report. It is much simpler for you to find him than for the chairman to seek four individuals. Furthermore, your work is not done until you have signed the report. Also, in this connection, there may be times or circumstances when a reference committee cannot reach a unanimous opinion. Under such circumstances, it is perfectly proper that two members, or even one member of a reference committee, bring in a minority report. If there is a minority report, it should be as carefully prepared as the majority report. I stress this, for you all know that the American Medical Association and the House of Delegates is the most democratic group in the world.

You will note that tables have been placed before you. This is done in the belief that you will find them a great convenience. Delegates will have some place to put their brief cases and the many other papers which accumulate. The tables will also provide a space for writing or making notes, or you may want to use them only to rest your elbows. If you find this innovation satisfactory and to your liking, we shall continue it at subsequent meetings if space permits. I say "if space permits," because sometimes our meeting room is rather small. We frequently have a large number of spectators and guests. The increasing number of members of the Association who want to attend some of the sessions of the House is very desirable. It is equally important that we have ample space for interested members of the Woman's Auxiliary. Tables for the press to work on are certainly necessary. Therefore, I say we shall continue the tables, if you like them and space permits.

You will note that during the roll call new members serving for the first time were asked to stand. This was done in order that older members would become acquainted with their names and faces. If it does not consume too much time, this procedure will be continued.

Once again, for the information of new members in the House, as well as a reminder to all others, please, when you wish to speak, go to the nearest microphone and identify yourself by giving your name and the state, territory, section, or government service which you represent. This is necessary in order that the stenotypist may make accurate transcriptions of our proceedings.

Under new business, on the presentation of resolutions, it is again requested that the "whereases" be omitted and only the "resolves" be read. If it is necessary for clarification, the chairman of the reference committee will read all "whereases" when presenting his report. The custom of calling for resolutions by state roll call will be continued. This in order to avoid confusion.

Finally, a word of warning. As I said before, I consider that it is not the province of a Speaker to direct the activities of the House, but I would call to your attention the fact that every time we have had an executive session in this House, it has "back fired." Personally, I am allergic to executive sessions. There undoubtedly are times when these should be held, but it is suggested that you give careful consideration to all implications, possible public and press relations and all other factors before making a motion to go into a closed, or executive, session.

Reference Committees

The following list of reference committees was read by the Speaker:

AMENDMENTS TO THE CONSTITUTION AND BYLAWS
Warde B. Allan, *Chairman,* Maryland
Donald Cass, California
John J. Curley, Massachusetts
Thomas J. Danaher, Connecticut
Carl A. Grote, Alabama

BOARD OF TRUSTEES AND SECRETARY, REPORTS OF
Louis M. Orr II, *Chairman,* Florida
J. Arnold Bargen, Minnesota
J. Mather Pfeiffenberger, Illinois
H. B. Wright, Ohio
Bruce Underwood, Kentucky

CREDENTIALS
Karl S. J. Hohlen, *Chairman,* Nebraska
Harvey B. Matthews, Section on Obstetrics and Gynecology
Norman S. Moore, New York
Howard K. Petry, Pennsylvania
William Weston Jr., South Carolina

EXECUTIVE SESSION
James Z. Appel, *Chairman*, Pennsylvania
Norman A. Welch, Massachusetts
Carl A. Lincke, Ohio
Edward B. Tuohy, Section on Anesthesiology
Dexter H. Witte, Wisconsin

HYGIENE AND PUBLIC HEALTH
William L. Benedict, *Chairman*, Section on Ophthalmology
Eustace A. Allen, Georgia
Val H. Fuchs, Louisiana
R. Stanley Kneeshaw, California
Willis I. Lewis, Illinois
Advisor: W. Palmer Dearing, Public Health Service

INDUSTRIAL HEALTH
William A. Hyland, *Chairman*, Michigan
Charles L. Farrell, Rhode Island
Harold B. Gardner, Pennsylvania
Percy E. Hopkins, Illinois
J. Wallace Hurff, New Jersey

INSURANCE AND MEDICAL SERVICE
Carlton E. Wertz, *Chairman*, New York
Harlan A. English, Illinois
William L. Estes Jr., Pennsylvania
H. Gordon MacLean, California
Robert L. Novy, Michigan

LEGISLATION AND PUBLIC RELATIONS
Robertson Ward, *Chairman*, California
Creighton Barker, Connecticut
Gerald V. Caughlan, Iowa
W. R. Brooksher, Arkansas
L. Samuel Sica, New Jersey

MEDICAL EDUCATION AND HOSPITALS
Albert F. R. Andresen, *Chairman*, New York
William D. Stovall, Wisconsin
Truman C. Terrell, Texas
M. G. Westmoreland, Section on Pathology and Physiology
Raymond L. Zech, Washington

MEDICAL MILITARY AFFAIRS
J. Morrison Hutcheson, *Chairman*, Virginia
Herbert P. Ramsey, Washington, D. C.
L. C. Heare, Texas
George A. Woodhouse, Ohio
Warren L. Allee, Missouri
Advisors: Silas B. Hays, United States Army
Clarence J. Brown, United States Navy
Dan C. Ogle, United States Air Force
Arden Freer, Veterans Administration

MISCELLANEOUS BUSINESS
B. O. Edwards, *Chairman*, North Carolina
Joseph D. McCarthy, Nebraska
Deering G. Smith, New Hampshire
James Stevenson, Oklahoma
Walter E. Vest, West Virginia

OFFICERS, REPORTS OF
William C. Chaney, *Chairman*, Tennessee
Herbert H. Bauckus, New York
William W. Baum, Oregon
John M. Porter, Kansas
James L. Swank, Nevada

RULES AND ORDER OF BUSINESS
Hoyt B. Woolley, *Chairman*, Idaho
Carl H. Gellenthien, New Mexico
Jesse D. Hamer, Arizona
James P. Hammond, Vermont
Raymond F. Peterson, Montana

SECTIONS AND SECTION WORK
C. C. Sherburne, *Chairman*, Ohio
H. Russell Brown, South Dakota
Wendell C. Stover, Indiana
Gordon F. Harkness, Section on Laryngology, Otology and Rhinology
Martyn A. Vickers, Maine

TELLERS
Maurice J. Dattelbaum, *Chairman*, New York
John P. Culpepper Jr., Mississippi
Frank J. Holroyd, West Virginia
Frank J. Elias, Minnesota
Laurence L. Fitchett, Delaware

SERGEANTS-AT-ARMS
Roscoe H. Reeve, Wyoming
George M. Foster, Utah
Willard A. Wright, North Dakota

REPORT OF REFERENCE COMMITTEE ON REPORTS OF OFFICERS

Dr. William C. Chaney, Chairman, presented the following report, which was adopted after amendment by the addition of a paragraph regarding Dr. F. F. Borzell, former Speaker:

Your committee entirely approves Dr. Reuling's views on how he wishes to conduct the work of the House of Delegates for the purpose of being entirely fair to everyone. The proposals which he made were remarkable in that all the changes will be very helpful and very simple to carry out. Your committee disagrees with the Speaker about the necessity of employing a professional parliamentarian. It feels that the skill and experience which he and the Vice Speaker, Dr. Askey, have had in the precepts as laid down by the Robert's Rules of Order are entirely satisfactory.

The selection of physicians for reference committees is entirely within the province of the Speaker of the House, and your committee feels it need make no recommendation.

Dr. Reuling should know that it was a unanimous opinion of your reference committee, as well as of the five visiting delegates, that it recommend to the House of Delegates the making of reprints and sending them to every new delegate covering all of the procedures required by the House, such as (1) preparation of resolutions for presentation; (2) official stationery to be used; (3) publication of rather complicated resolutions in THE JOURNAL before meetings; and (4) proper signing of all official papers, etc.

Your committee hopes there will always be room for the tables that have added so much to our comfort.

The House of Delegates has learned with great regret of the recent operation on Dr. Borzell, the immediate past Speaker of this House, who was prevented from attending this meeting because of his illness, and directs the Secretary to send a telegram to Dr. Borzell in the name of this House of Delegates expressing our regret at his absence from this session and our hope for his speedy and complete recovery.

Address of the President, Dr. Louis H. Bauer

Dr. Louis H. Bauer, President, presented the following address, which was referred to the Reference Committee on Reports of Officers:

Mr. Speaker, Members of the House of Delegates: Four years ago when this House met in interim session the medical profession faced a serious situation. The challenge of that situation was met, and we are now in a much more favorable position. We are in a more favorable position, not only because we have staved off what appeared to be almost inevitable socialization but also because we have made strides in improving our medical care situation. Whether or not we retain our hard won advantage depends largely on ourselves. There are several things we must do if we are to avoid another threat to our freedom and to the welfare of the public.

What are the facts relative to the number of doctors? The facts are that we have 25% more practicing physicians in proportion to the population than any other country in the world. Our medical schools show an all-time high in enrollment, and there are new medical schools in the process of organization. We are now increasing the number of physicians at a faster rate

than the population is increasing. The fact remains, however, that there are definite shortages of physicians in some areas, and there are complaints in some areas of a shortage of general practitioners. This situation must be remedied. In my opinion, the solution will not be found in a general increase in the number of physicians. They would still tend to congregate in the cities and take up specialization.

I believe a solution will be found in two ways. First, we must encourage communities to establish facilities for a doctor to practice good medicine. Physicians will not settle in areas where they have to practice an outmoded form of medicine. Some states have solved the problem by having the local community provide facilities for the doctor to practice good medicine. I recommend that this House of Delegates go on record as approving in principle the development of systems which solve this problem according to local needs.

The other and necessary method of solution is more difficult, but I believe it must be faced. I strongly recommend that our specialty boards revise their requirements. The present system results in more men going into specialties than is desirable, as they realize that, if they are ever to become specialists, they must begin their training immediately on graduation. The present system practically prevents a general practitioner from becoming a specialist. So far as I know, the only exception is the American Board of Internal Medicine, which does permit general practitioners to become internists. While the present system provides specialists who are well trained technically in the special fields, they do not have as broad a background as is desirable. In my opinion the best specialist, with a few exceptions, is the one who has a background of general practice. It would be desirable to make a certain term of general practice required for at least the majority of the special fields. I believe this can be accomplished without increasing the time required for special training. A revised plan such as this would result in two things: better qualified specialists and fewer people going into specialties, because many physicians would find they like general practice and would stay there. As it is, they have no opportunity to find out.

The requirements that all certified specialists must confine their practice to their specialty is desirable in some cases, but not in all. Is a dermatologist a worse dermatologist because he may do 25% general practice? Is an internist a poorer internist because he includes some neurology and psychiatry in his practice or because he makes a few house calls on patients with influenza or scarlet fever? I should like to see this House of Delegates recommend the appointment of a committee to confer with a committee from the Advisory Board for Medical Specialties to explore the situation to see if some changes cannot be made to increase the flow of general practitioners and decrease the flow of specialists.

We have favored the extension of public health facilities to cover the country. We have refused to go along with some of the bills which have been introduced into Congress. We want the federal government's authority over funds it contributes limited to an audit. We want these facilities under local control, and we want these facilities limited to strictly public health services. I am in hopes that the Commission on Chronic Illness will come up with some workable recommendations for the solution of this increasing problem.

Some states have solved the problem of medical care for the indigent. There should be universal solution of this problem. Our Council on Medical Service is working on this problem.

Our voluntary insurance program is growing by leaps and bounds, but it is a long way from perfect yet. Protection for those over age 65 is growing, I am glad to say. For example, 1952 studies show that the percentage of companies issuing hospital insurance through individual policies up to age 75, had increased since 1949 from 19 to 33%. Those companies with no age limit had increased in the same period from 6 to 10%. Those companies renewing policies had increased from 52% to 76% for age 70, and from 33 to 42% for age 80. The medical care insurance policies are likewise following along the same pattern. We must stimulate further development. Protection against financially catastrophic illness (long duration illness) had not progressed as rapidly, but it must be developed if voluntary insurance is to be wholly satisfactory.

There have been instances reported in which doctors have charged their usual fees to the patient and have not given him the benefit of the indemnity paid by the insurance organizations. Such instances must be brought to light and the offenders severely disciplined. Doubtless it has happened only in a few instances, but it must be nipped in the bud.

This brings me to the subject of commercialism. There have been incidents reported to me in which the doctor refused to operate unless he was paid in advance or in which he refused to make a house visit unless he were assured of immediate cash payment and instances of exorbitant fees being charged. Such occurrences do more to blacken the name of the vast bulk of the medical profession and will do more to bring about the socialization of medicine than anything else.

The medical profession has established so-called grievance or mediation committees, and they are rapidly covering the country. Such committees will be window-dressing, however, unless they are given teeth and have as members persons who have backbone. If offenders against the ethics and traditions of medicine are not willing to cease their unethical practices, they must be expelled from organized medicine. Such action would have to be taken only a few times and the practice would cease. The medical profession has a long tradition of service to the public. It guards its standards and its ethics. We cannot afford to permit a few members to sully our record.

Entrance to county medical societies is too easy. No applicant should be admitted until he has familiarized himself with the Principles of Medical Ethics and passed an examination in them. He should also be told that the maintenance of his membership depends on his abiding by that code. If he errs, he should be reprimanded, and if he errs again, he should be expelled.

I have the following recommendations to make: (1) that this House of Delegates urge our constituent state associations to be adamant in disciplining unethical members; (2) that it urge our component county societies to establish more rigid ethical requirements for membership; (3) that it urge all medical schools to give lectures on medical ethics and medical traditions (the chapters of the Student American Medical Association can be potent factors in inculcating the embryo physician in medical ethics); and (4) that the House of Delegates go on record as thoroughly disapproving any business arrangements between pharmacists and physicians such as was unearthed lately in the Greater New York area. We must let the public know that we will not tolerate unethical actions.

The Medical Emergency Call system is working well. Ninety-two per cent of our largest medical societies have this system. As of Nov. 1, 650 systems were in operation. Of the 71 medical societies with over 300 members, 70 have such a system. Twenty-nine of the 40 societies with memberships of 200 to 300 likewise have them. This is a noteworthy achievement. It must be extended, so that no one will be without emergency medical service.

There are certain problems with which we shall be faced in the next Congress. One bill in particular that comes to my mind is H. R. 7800 of the last Congress, which, you will recall, provided for a variety of amendments to the Social Security Act, particularly relative to the mechanism to adjudicate permanent and total disability conditions among Old Age and Survivor's Insurance beneficiaries. The final form in which this measure was enacted was such that the controversial section dealing with permanent and total disability expires on June 30, 1953, the day before application can be filed. An attempt will therefore undoubtedly be made by proponents of the measure to implement this legislation fully in the 83d Congress, and we must be prepared to offer a sound and sensible answer.

One suggestion is a revision of the present method of computing Old Age and Survivor's Insurance benefits. At the present time all of the years following the entrance of a wage earner under the Social Security System are counted as "elapsed years" and are used in determining average annual and monthly wages. This average wage is the key in figuring the basis of Old Age and Survivor's Insurance benefits. Under this system there is no doubt that a man who is permanently and totally disabled, unemployed, or one who merely transfers from covered to noncovered employment during his lifetime is penalized.

150
952

This system could be revised, however, without too much difficulty to remove this penalty. It is my understanding that up-to-date retirement plans used by private industry, insurance companies, and, in fact, by the federal government for its own employees do not follow the system used by the Bureau of Old Age and Survivor's Insurance. These more modern plans call for the use of the 5 to 10 best years during a man's working lifetime in computing retirement benefits with an allowance in the form of increments for each year of gainful employment to compensate those wage earners who have had a longer period of covered employment and who consequently have made larger contributions into the pension fund. If a method of computation of this type were adopted, it would be unnecessary to enact special legislation to take care of gaps in a man's wage record, regardless of whether they were due to permanent or total disability, noncovered employment, or any other cause. This, I believe, should be carefully considered before any conclusions are reached as to our stand.

Another is the Doctor-Draft Law. I realize full well that one of the most controversial and important questions facing the medical profession today is whether the Doctor-Draft Law should be extended beyond its present expiration. The Association has had a volume of mail from physicians in Priorities 3 and 4, suggesting a variety of actions. The American Medical Association supported the passage of Public Law 779 as a matter of patriotic duty. This law will expire on June 30, 1953. Further legislation may be necessary in order to provide adequate medical support for the armed forces. In supporting the passage of Public Law 779, we specifically objected to calling up physicians in larger numbers than would be needed to provide the necessary medical needs of the armed forces. We still adhere to that position, and we feel that this stand is in the public interest.

After careful study and deliberation on this matter, it is the recommendation of the Council on National Emergency Medical Service and the Board of Trustees that the Association withhold any conclusive action at this time. It would seem that a wise and judicious decision in this situation requires more definitive answers to the following questions:

(*a*) What effect will the unannounced foreign and domestic policies of the President-Elect of the United States and Congressional action on the budget of the Department of Defense for the next fiscal year have on the medical officer requirements of the armed forces?

(*b*) What percentage of the time of physicians in uniform is spent in the treatment of other than military personnel and what are the future plans of the Department of Defense with respect to this program? Provision for the medical care of the dependents of service personnel should be provided in such a way as to prevent unnecessary depletion of our civilian medical services.

(*c*) Have the armed forces perfected and promised a sufficiently aggressive recruitment program to obtain physicians on a voluntary basis?

When answers to these questions are received, the Association will be in a much better position to decide whether or not compulsory measures for securing physicians for military service should be perpetuated. We cannot, however, wait too long. A decision must be reached in the near future. The armed forces must have physicians, and we must see that they get them. A separate report on this will come from the Board of Trustees, and I urge that the House authorize the Board to take appropriate action when all the facts are determined.

I believe that our armed forces have been suffering from unfavorable publicity, the result of certain unfortunate conditions in the last war. Doctors were wasted. Many were assigned to nonmedical positions, and many had to hang around mobilization camps for weeks on end, doing little or no medical work. These conditions have very largely been corrected, but the mass of the profession does not know it. The standards of military medical practice, except in large medical centers, have not always been of the highest caliber. Likewise, this is no longer the case. Our military physicians are practicing high-grade medicine. This fact, too, is not generally known. We should do all in our power to let the profession and the public know that there are excellent careers in the armed forces medical services and that the doctor will find opportunity for high grade medical work. The medical profession has always been patriotic. Never before have doctors had to be drafted. Publicity is needed as to opportunities in the military services, and that publicity cannot all come from the services themselves. Much of it must come from us.

A third problem is the report of the International Labor Organization, which will doubtless be forwarded to the United States Senate. This was brought to your attention in June. We must use every effort to see that this report is rejected. It will require education of the public and education of our Senators as to its potentialities. It is socialized medicine via the international rather than the domestic route. We owe a debt to the World Medical Association for bringing the matter to our attention and for informing the whole world about it. May I here stress the fact that the World Medical Association is the only international body which can speak for the practicing profession on any but scientific subjects before other international bodies which are largely governmental in origin and in viewpoint. The American Medical Association is giving strong support as an organization to the World Medical Association, which likewise deserves our individual support.

There is one point in our order of business which I think should be changed. It is specified that the President-Elect shall be presented to the House but that he shall not make any address. That may be all right for the interim session, but it is an absurdity at the annual session. As the procedure is now, he is presented to the House on the opening day and not allowed to talk. Yet on the following day he is installed as President. He should not only be privileged to speak but required to do so at that time. He should have the right to present his views and his recommendations for the ensuing year, and the House ought to know what he has in mind. I recommend that the order of business be changed accordingly.

Next month a new administration will take office in Washington. I took the liberty of sending the new President-Elect a letter congratulating him and offering him the services and cooperation of the American Medical Association in solving any remaining health problems or any which might arise in the future. I told him that the Association would be very happy to be of assistance to him in any way possible during his administration. I believe it would be a gracious gesture if this House would authorize sending him a telegram along the same lines.

I have recently returned from a trip around the world. Those of you who have read my President's Page in THE JOURNAL for Nov. 29, 1952, know the things I found in other lands, so I will not repeat them. I do, however, want to stress the fact that we in this country are indeed fortunate. I saw nothing that made me want to change our system of medical care for any other. It made me more determined than ever to work not just for its maintenance but to eradicate its defects and make it of still higher standard. I was impressed with the high esteem in which our association is held by the profession in other countries. It made me prouder than ever to be president of what is without doubt the greatest medical association in the world.

Let us go on then with only one aim in view, namely, to bring increasingly improved medical care within the reach of every citizen and to accomplish that aim with freedom for our profession and freedom for our fellow Americans.

REPORT OF REFERENCE COMMITTEE ON REPORTS OF OFFICERS

Dr. William C. Chaney, Chairman, presented the following report, which was adopted:

Your committee was so greatly impressed by Dr. Bauer's address that it strongly recommends that all of the vital points be carried home by each member of the House of Delegates and discussed before each state and county medical society.

Your committee is reminded that, while we have improved our medical care situation and have fought valiantly against socialized medicine, we must still be on the alert to hold the advantages we have won.

It is our duty to correct many wrong impressions in the lay mind about the actual number of doctors now practicing in our country. The truth is we have 25% more physicians in proportion to the population than any other major country in the

world. There are not only new medical schools, but the enrollment in these schools is at an all-time high. Dr. Bauer emphasized that the number of physicians is increasing more rapidly than the population. Your committee agrees with him that the distribution of doctors in rural areas is still a problem. Communities should be urged to help the doctor establish suitable facilities for him to practice the type of medicine for which he has been trained.

The highlight of our President's address was his second recommendation in the problem of a more even distribution of practicing physicians. Your committee concurs with him that specialty boards have become so exacting in their requirements that for a young doctor to get into one of these specialties he must work toward that end as soon as he graduates in medicine. By this method many physicians are channeled into specialties who might have gone into general practice if they had had first-hand information as to the many attractive features of general practice. Dr. Bauer thinks, and your committee agrees with him, that one of the requirements for entering a specialty should be a year or more of general practice.

Your committee requests, as Dr. Bauer does, that the House of Delegates recommend that the Board of Trustees appoint a committee to confer with a committee from the Advisory Board for Medical Specialties to learn whether some change can be made to increase the number of general practitioners. It is urged that our committee be alerted to the great importance of going into this problem as soon as possible and of giving a report at the meeting of the House of Delegates in June, 1953.

As Dr. Bauer has said, we have favored the extension of public health facilities in the United States, but he urges that the federal government's authority over funds it contributes be limited to an audit.

Our voluntary insurance program is growing by leaps and bounds. Your committee was delighted to hear the great praise that Dr. Bauer gave this real epoch in medical progress, but, as he said, we must encourage this development to provide wider coverage.

Commercialism in medicine was discussed in great detail by your committee. It certainly is anxious to reemphasize the great importance of appointing grievance committees in our state and county societies that are not afraid to mete out the necessary punishment to put an end to practices of a few who have not the proper respect for the profession.

Do not forget when we return to our local societies to bring before them the importance of an entrance examination in medical ethics for each applicant for membership to the society, which was so thoroughly emphasized by Dr. Bauer.

The next point in his address had to do with the Doctor-Draft Law. Since this subject will be discussed by the Committee on Medical Military Affairs, it is omitted here.

Your committee would like to emphasize what Dr. Bauer has said about the unfavorable publicity given our armed forces. The work that the medical officers are now required to do is entirely limited to their profession, and, moreover, only work of the highest caliber is acceptable.

Dr. Bauer discussed the imminent danger of socialism and socialized medicine being brought to us by the international route and sponsored by the I. L. O. Your committee appreciates this great danger that now threatens us, and, while the World Medical Association is exerting a great effort against it, we must also use our influence that we have with the United States Senate.

Your committee agrees with Dr. Bauer that the rules of the House should be changed so that the President-Elect will address the House at the annual session.

Your committee feels that the four recommendations made by Dr. Bauer should be given verbatim:

1. That this House of Delegates urge our constituent state associations to be adamant in disciplining unethical members;

2. That it urge our component county societies to establish more rigid ethical requirements for membership;

3. That it urge all medical schools to give lectures on medical ethics and medical traditions (the chapters of the Student American Medical Association can be potent factors in inculcating the embryo physician in medical ethics);

4. That the House of Delegates go on record as thoroughly disapproving any business arrangements between pharmacists and physicians such as was unearthed lately in the Greater New York area.

Tribute to Dr. Elmer L. Henderson

The President, Dr. Louis H. Bauer, presented the following tribute and suggested telegram to Dr. Elmer L. Henderson:

Mr. Speaker and Members of the House of Delegates: I should like now to present a matter as an individual member and not in my capacity as President.

There is absent from our midst a man who has never missed a meeting of this House since he first became a member of it about 15 years ago. He is a man who has slaved unselfishly and selflessly for the American Medical Association. He has had one idea and one only in mind and that was to do whatever he could for American medicine, the American Medical Association, and all the people of the United States. He never refused an assignment because he was too busy. In fact he is an exemplification of the adage that "when you want a thing done get a busy man to do it."

As delegate, member of the Board of Trustees, Chairman of the Board, Chairman of the Coordinating Committee, President of the American Medical Education Foundation, Chairman of the Special Committee on Federal Medical Services, President-Elect and President, and in numerous other assignments, he has always given his best. Today he is not here because of illness. I visited him in the hospital two weeks ago. He was sure he would be sufficiently convalescent to come to Denver, and he was planning on it. I know he is bitterly disappointed that he is not here. I believe part of the reason he is not here is because over a long period he had refused to spare himself.

That man is Elmer Lee Henderson. I feel it would not only be greatly appreciated by him but well deserved and timely if this House of Delegates would send him a telegram along the following lines:

The House of Delegates by standing vote has recorded its deep regret at your absence and its great appreciation of the devoted service you have rendered in various capacities for many years both to the American Medical Association and to the American people, and expresses its sincere hope for your speedy recovery.

On motion duly seconded and carried by a unanimous rising vote, the Secretary was instructed to send the telegram to Dr. Henderson.

Presentation of President-Elect Edward J. McCormick

The Speaker presented to the House the President-Elect, Dr. Edward J. McCormick.

Address of President of Woman's Auxiliary, Mrs. Ralph B. Eusden

Mrs. Ralph B. Eusden, President of the Woman's Auxiliary to the American Medical Association, was escorted to the platform by members of the California delegation and addressed the House as follows:

Mr. Speaker, Members of the House of Delegates, Officers and Friends: It is a privilege, as President of the Woman's Auxiliary to the American Medical Association, to bring greetings from our 60,000 Auxiliary members. Our Auxiliary has been organized 30 years, making a variance of 75 years of organization between us.

In 1922 the House of Delegates of the American Medical Association by resolution authorized our organization, and while it seems incredible that it should take 28 years to organize an auxiliary to each state medical association, this is a fact. Today there are also auxiliaries in the District of Columbia, Territory of Hawaii, and Territory of Alaska. As an auxiliary to the American Medical Association our basic policies are determined by the Association, and, likewise, county and state auxiliary policies are approved by the parent organizations. Our basic object, "friendly relations," is today as paramount and pronounced as ever, and personal ties among us constitute much of our basic foundation, but the intent and value of the Auxiliary has now greatly broadened into activities that are more far-reaching and productive. Today we realize a small amount of organized loyalty is worth more than an infinite amount of

mere good will. I should like to recognize the members of this House serving as state delegates and thank them for support given auxiliaries at state and county levels.

Projects and activities of your Auxiliary parallel your own. In 1931 by your resolution we were asked to stimulate circulation of *Hygeia*, now *Today's Health*. This we do. In 1945 you requested us to alert members and the public on medical legislation. State auxiliaries have helped effect the passing of basic science laws and prevented passage of antivivisection laws. Benefits of prepayment medical care plans as opposed to compulsory health plans are studied in order to be informed and give intelligent factual information on them. The Woman's Auxiliary was requested in 1949 to take an active part in the National Education Campaign created by the American Medical Association. This was given wholehearted support by component and constituent auxiliaries.

We have committees on civil defense, nurse recruitment, health education, legislation and library service (furnishing papers on given subjects to local auxiliaries for programs). This year the President formed a special committee in the Auxiliary—"American Medical Education Foundation"—hoping that as wives we might assist in repaying the debt our husbands owe to medical schools. Through this and Auxiliary funds we have contributed $23,600.00 to this fund the past two years. By June we hope to have a check worthy of the Auxiliary to present to the American Medical Education Foundation. To an Association dealing in hundreds of thousands of dollars this may seem small, but our only income is receipt of dues, and dues are levied for organization purposes, not philanthropy. The Auxiliary is interested in the World Medical Association and in the past two years gave a contribution of $600.00. We are likewise interested in nursing and gave $500.00 to the Committee on Careers in Nursing. Most constituent auxiliaries maintain scholarship funds for nurses and medical students, some preferring granting funds for postgraduate work in medicine or nursing. As an example, during the first five months of this fiscal year 10 state auxiliaries had granted 171 scholarships and loans to the amount of $26,187.00.

Our national membership resides at the "grass roots" level, and it is at this level that national Auxiliary projects are carried out, and it is also there that goodwill for the physician flowers. Auxiliary public relations is "community participation," and a paramount endeavor of all auxiliaries is good citizenship of its members working in their communities, volunteers at work, people working with people, working for better communities, better health, and welfare of our fellow man, thus assuming full partnership in community responsibility, each member a force in herself.

Your Auxiliary has grown where today we hold an enviable national position in our recognition by others. Invitations are received requesting the national Auxiliary for guest representation at annual meetings of the American Cancer Society, National Foundation for Infantile Paralysis, National Advisory Committee on Health Councils, Assembly of Women's Organizations for National Security, Advisory Committee on Woman's Activities, Federal Civil Defense, National Mental Health, President's Highway Safety Council, and White House Conference.

"For a blade of grass to grow all nature must cooperate," and your Auxiliary has but one purpose: to assist you in making this "a better world," working for health, safety, peace. Through progressive inventions, radio, television, and air travel local level becomes the world level and never again can we think ourselves sufficient unto ourselves; therefore, the national auxiliary president chose as a theme for the year, "our goal: a better world." At her invitation the President of the General Federation of Women's Clubs, a club with a membership of 11 million women, was guest speaker at our Annual Conference of State Presidents and Presidents-Elect, National Committee Chairmen and General Officers of the Woman's Auxiliary to the American Medical Association.

The national president of Veterans of Foreign Wars was an invited luncheon guest and the national President of the American Legion Auxiliary has been communicated with and calls made at their national headquarters.

Believing that whatever affects the American Medical Association affects the practicing physician, his family, and the American public the national Auxiliary President this year in talks given has stressed the fact that we are an auxiliary to the greatest public service organization in the world and that no fraternity of women ever rested on a more noble concept than does the Woman's Auxiliary to the American Medical Association, pointing out the great service to humanity of the American Medical Association. It has been stated there was no monetary return to the Association for this service and that the voice of criticism is that of uninformed citizens, politicians, and disgruntled doctors.

I should like to thank the members of this House for courtesies extended our Auxiliary through the national President on her visits to their state medical associations. I should like to recognize the careful planning and leadership of early Auxiliary members whose planning we build on today.

The national Auxiliary has had a national central office but 10 years, and our executive secretary during that time has been Miss Margaret Wolfe. I should like to recognize her ability, imagination, industry, and integrity. Through her the auxiliary has been the recipient of program continuity, the most important factor of any organization, serving as a steadfast link with each succeeding administration. It is of interest to this house that our executive secretary served 18 years as secretary to Dr. Austin Hayden of Chicago, who served the American Medical Association as Treasurer for 10 years, following which he was secretary of the Board of Trustees until his death in 1940. Dr. Hayden promoted the preparation of a motion picture which showed activities of the councils, bureaus and departments of the American Medical Association and wanted all members of the Association to become familiar with its projects, showing the film to many state and county societies in an attempt to infuse some of his own devotion for organized medicine into the hearts of his confréres. By this training of 18 years, our executive secretary transplanted and breathed into the national Auxiliary an interest in all activities of the American Medical Association, its Principles of Medical Ethics, its endeavors, and the purpose of its councils, bureaus, and departments, a contribution of inestimable value to the American Medical Association and its Auxiliary.

I should like to recognize your secretary, Dr. George Lull, and assistant secretary, Dr. Ernest B. Howard, and express our deep and sincere admiration and esteem for them.

The history of medicine shows the use of what you have at a given time. Your Auxiliary is yours to use as you deem best. Our highest honor is to be the wife of a physician who ministers to the suffering, the sorrowful, and troubled. Hippocrates said, "where there is love for humanity, there is also love for the art of medicine." From the four signers of the Declaration of Independence to our time, the Doctor of Medicine has served his country, and he lives the life of his community and the people he serves, and with the honor of sharing his life comes the privilege of membership in the Woman's Auxiliary to the American Medical Association.

On behalf of the general officers and 60,000 members, I salute you and thank you for your invitation to bring remarks to you at this interim session. It is a privilege and courtesy that will long live in the memory of this national President. The responsibility of this office is serious, but it is these experiences that compensate for the responsibility assumed as President of the Woman's Auxiliary to the American Medical Association in this critical year of social, political, and economic struggle.

We hope you feel that American Medicine can have no better ambassador than an informed Auxiliary member and that through her your story may be told.

Address of Representative of American Legion, Dr. Norman R. Booher

The Speaker introduced Dr. Norman R. Booher, Vice Chairman of the National Rehabilitation Commission of the American Legion, who addressed the House as follows:

Mr. Speaker, Officers of the American Medical Association and Members of the House of Delegates: Mr. Lewis Gough of California, the National Commander of the American Legion, has just returned from a comprehensive tour of Korea and on his return found on his desk an appointment calendar full to overflowing. Therefore, when the invitation came asking him to address this House of Delegates, he found himself unavoidably

involved to the place where he was unable to be here today. He has sent me, as the Vice Chairman of the National Rehabilitation Commission, as his representative and has asked me to express his regrets at not being here and has also asked me to extend to you his warmest greeting and the greeting of the millions of Legionnaires of the nation.

It is a privilege for a representative of the American Legion to appear here, a privilege the Legion much appreciates. The mutual cooperation between the American Medical Association and the Legion over the years has never been more vital to both organizations than it has been in the past year and than it is at this moment. We deeply appreciate the appearance of your President, Dr. Louis H. Bauer, before our last convention in New York, and his splendid address there.

The American Legion has forthrightly stood against socialized medicine from the beginning of the idea. We want you and all of America to know that we have taken this position solely because this is what we think is good for our country. We abhor any socialistic plan. We have not taken this position to flatter or woo the American Medical Association or anyone else. We have gone on record against the establishment of socialized medicine through treaties through the I. L. O.

We think that men of good faith can accomplish much when they sit down together to discuss any question. We feel that the liaison we have maintained with the American Medical Association over the years comes in this category. A resolution passed in our New York convention set up, by convention mandate, a continuation of the Liaison Committee created by Immediate Past National Commander Wilson last year and enlarged it to invite not only the American Medical Association but the American Dental Association, the American Hospital Association, Veterans Administration, and the Department of Defense to participate; and made its purpose twofold, first to discuss matters of mutual interest in Veterans affairs as was done before; and, secondly, to try to search out salient facts and data that all could agree on as reasonably accurate and dependable. On such facts all future actions could be based by the organizations concerned.

At the same convention in New York our delegates not only mandated the national level conferences as outlined above but made a strong recommendation that the 53 departments of the American Legion in the states and territories set up a similar liaison on their department levels. This is being done. Indiana was the first department to do this, and, on Nov. 23, 1952, the first meeting of this department Liaison Committee was held in Indianapolis. Present at this meeting were: Mr. Thomas A. Hendricks, Secretary of the Council on Medical Service of the American Medical Association, Chicago; Dr. Jack E. Shields, Brownstown, Dr. Dan E. Talbott, Indianapolis, Dr. Maurice E. Glock, Fort Wayne, and Mr. James A. Waggener, Executive Secretary of the Indiana State Medical Association, Indianapolis; Mr. Bernard J. Conway, Assistant Secretary of the Council on Legislation of the American Dental Association, Chicago; Dr. G. I. Gregor of the Indiana Dental Association, Indianapolis; Adm. Dallas G. Sutton, (MC) USN (Ret.) Secretary, Veterans Relations Committee of the American Hospital Association, Washington, D. C.; Mr. Edmund J. Shea, President of the Indiana Hospital Association and Administrator of the Indiana University Medical Center, Indianapolis; T. O. Kraabel, Director, National Rehabilitation Commission of the American Legion, Washington, D. C., and Jack Oakie, National Chief of Field Service, American Legion, Indianapolis; Judge Frank Russell, Chairman, Tipton, Mr. Ray Pyatt, Gary, Mr. Paul V. Shrader, New Albany, Mr. Wm. F. O'Neill, Indianapolis, Dr. Norman R. Booher, Indianapolis, Mr. John K. Chappell, Department Commander, Petersburg, and Mr. Frank J. Myers, Department Adjutant, Indianapolis, of the Indiana Department, American Legion.

The representatives of the national organizations spent considerable time at this meeting in informing the conferees on what had transspired in the past, both as to the affairs of veterans and in the previous national conferences held. At the end of this inspiring first conference, the conferees had reached great mutual understanding not previously existent, and the same results were experienced that have been noted on national levels, that is, that when informed men of good intention discuss these mutual problems, a very possible course of action to the solution of an overwhelming percentage of the problems existent can be agreed on.

The American Legion believes that the present Public Law 312 is basically sound. This law has been the law of the land for 17 years and, briefly, defines the eligibility of Veterans for medical care by the Veterans Administration, as follows: (*a*) Those veterans with service-connected disabilities; (*b*) Those veterans with claims who must be hospitalized to adjudicate their claims as to service connection; and, (*c*) Those veterans with non-service-connected disabilities who cannot afford to pay for private medical care, and when a bed is available.

We have sensed from our many contacts with the medical profession that there is no disagreement with the treatment of veterans in the first two categories. All of the discussion revolves around the non-service-connected cases. We hasten to point out that, in our opinion, the data on the number of non-service-connected cases is very erroneous, as popularly quoted.

There seems to be agreement between the Legion and the medical profession and the hospital people that there is justification for certain types of cases which are non-service-connected being treated by the Veterans Administration. These are the types of illnesses which make the patient a public charge under most circumstances. Specifically, I refer to the tubercular, the neuropsychiatric cases, and the cases of chronic illness where over 90 days hospitalization is required. The position of the American Legion is that if these categories of non-service-connected cases are accepted as under the present law, we the American Legion stand willing and ready to join with the American Medical Association, American Hospital Association, American Dental Association, and all others to prevent the non-service cases which we might term "chiselers" from ever receiving treatment by the Veterans Administration. The presence of such an individual who can afford to pay for his private medical care in a Veterans Administration bed means to us that he is depriving a worthy and qualified veteran from receiving the care the Congress and the people of this country intend for him to have.

Believing as we do in the above principles, we think that the present law, Public Law 312, should stand without the dangerous procedure of tampering with it in the Congress. By the same token, we believe that the enforcement of the present law by administrative means should be reconsidered, with every American demanding its fair enforcement. The Legion has already helped accomplish some administrative changes.

I want to introduce Dr. H. D. Shapiro, Assistant Professor of Neurology, George Washington University School of Medicine, and Chief Medical Consultant to the National Rehabilitation Commission of the American Legion. We are here to make available to your reference committees all of the information we have gained in over 30 years of specialized service to veterans, and we have the faith in our American democratic processes that makes us know that the medical profession of our great and beloved country will come out of its deliberations here and in the future with recommendations that are, above all, for the good of all Americans and also fair to your country's soldiers, sailors, and marines of yesterday. Thank you again for hearing me as a representative of the National Commander.

Introduction of Student American Medical Association Delegates

The Speaker introduced to the House of Delegates the delegates of the Student American Medical Association, Mr. Clifford Vernick of Tufts College Medical School, Vice President, and Mr. Leland Hoar of the University of Oregon Medical School, Treasurer, of the Student A. M. A.

Report of the Secretary

Dr. George F. Lull, Secretary, presented his report (see THE JOURNAL, Nov. 1, 1952, p. 888), which was referred to the Reference Committee on Reports of Board of Trustees and Secretary.

REPORT OF REFERENCE COMMITTEE ON REPORTS OF BOARD OF TRUSTEES AND SECRETARY

Dr. Louis M. Orr II, Chairman, presented the following report, which was adopted:

Your committee notes with interest the status and diversification of the active membership of the Association as of Sept. 5, 1952, and compliments the Secretary on the progress made on conversion of the membership records to an I. B. M. system.

The Secretary and the Assistant Secretary received unanimous praise for their field activities and ever-continuing work in promoting cordial relations with outside organizations.

Your committee acknowledges the expression of appreciation by the Secretary for the help accorded him during the year and, in turn, wholeheartedly reciprocates the expression to our most efficient and genial Secretary, to the Assistant Secretary, and to each member of the Headquarters staff with the feeling that it is voicing the sentiment of each member of this House of Delegates and of the American Medical Association.

Report of Board of Trustees

Dr. Dwight H. Murray, Chairman, presented the Report of the Board of Trustees (see THE JOURNAL, Nov. 1, 1952, pp. 888-925), which, with exceptions indicated below, was referred to the Reference Committee on Reports of Board of Trustees and Secretary.

REPORT OF REFERENCE COMMITTEE ON REPORTS OF BOARD OF TRUSTEES AND SECRETARY

Dr. Louis M. Orr II, Chairman, submitted the following report, which was adopted:

Holding Corporation for Patents: Your committee supports the Board in its decision that the American Medical Association should not undertake a patent management program in any form. It is hoped, however, that physicians will undertake the program independent of the Association.

Liaison Organizations: Your committee feels that one of the very important activities of the Board has been to establish liaison with numerous medical and nonmedical organizations, thus fostering, and in some instances coordinating, the public and professional relations of the Association.

Portrait of Dr. Olin West: Your committee recommends to the House of Delegates that an expression of appreciation by the House be conveyed to the members of the Headquarters staff for their efforts and contributions in effecting the completion of the portrait of Dr. West.

Washington Property: Your committee is in full accord with the proposal of the Association to continue its search for suitable property for the Washington Office and feels that the Association in general may benefit greatly after such an acquisition has been consummated.

Resolution on Reactivation of Committee on Motor Vehicle Accidents: Your committee supports the Board in its recommendation that this Committee on Motor Vehicle Accidents be not reactivated at this time, as its activities are now being capably handled by other groups.

Resolution on Negro Physicians in North Carolina: This resolution was given most careful consideration by your committee, and it was the unanimous opinion of all members that the above-named resolution be not adopted. Your committee is in full agreement that such a resolution would "tend to retard the removal of present restrictions, obtaining in some states, militating against free professional relationships between white and Negro physicians."

Resolutions on Reed-Keogh Bills: Your committee commends to the House the contents and implications of this legislation and recommends that each member give careful study and active support for its passage, if and when it is introduced before the Congress. When it is understood that this legislation affects retirement pension plans for possibly 10 million self-employed individuals, including physicians, its importance cannot be overestimated.

Resolutions on Permanent Records of the Judicial Council: Your committee begs to convey to the House that the Board of Trustees has received a report from the Judicial Council to the effect that the recommendation contained in the resolution can be complied with, that the Council should see the material before it is published, that the Editor may select that which is to appear in THE JOURNAL, and that some method of future procedure will be worked out to the satisfaction of the Editor and the Council.

Resolutions on I. L. O. Attempt to Socialize Medicine: Although these and other similar resolutions will doubtless be reported by other reference committees, your committee would be remiss if it did not avail itself of this opportunity to endorse the endeavors of the World Medical Association, and particularly the inspiring efforts of its Secretary-General, our own Dr. Louis H. Bauer, President of the American Medical Association, to prevent the socialization of medicine simply through treaty agreement and approval of the entire iniquitous scheme solely by the Senate of the United States.

Resolutions on Appointment of Health Commission of the American Medical Association: Your committee supports fully the opinion of the Board of Trustees that all services and activities as proposed in these resolutions are adequately cared for in the broad scope of activities as carried out by the Council on Medical Service. Your committee further supports the recommendation of the Board that these resolutions be disapproved.

Standing Committee of the House of Delegates: Your committee endorses the action of the Board in limiting tenure of service of Standing Committees of the House of Delegates according to a directive from the House of Delegates at the June, 1952, meeting. The expiration dates of the various members of the Councils only apply to the present terms of office and do not mean that some members of these Councils will be ineligible for reelection because of not having filled their allowed terms as prescribed in the above-mentioned directive.

The Journal of the American Medical Association: Your committee notes with great satisfaction the continuing advancement of all departments of THE JOURNAL, which, without reservation, makes it the greatest medical journal in the world. To its capable editor, Dr. Austin Smith, and his able corps of assistants goes the highest praise. It is perhaps noteworthy to call attention to the fourth paragraph of the report on THE JOURNAL, in that some appreciation may be gained of the magnitude of the work involved in publishing THE JOURNAL.

Today's Health: Your committee commends to the House of Delegates its earnest and continuing support of this publication. From its energetic editor, Dr. W. W. Bauer, your committee learned of a readership of 2,000,000-3,000,000 (Eastman Report), and, although the publication operates at a deficit, it is hoped that its value as a public relations medium will insure its continuation and growth. It is further urged by the editor that physicians be encouraged to contribute more original articles for publication in *Today's Health.*

Report of the Washington Office: Your committee commends to this House the most excellent operation of the Washington Office and pays tribute to the most capable leadership of Dr. Joseph Lawrence during the past eight years. To Dr. Frank Wilson go the best wishes of your committee for the same high attainment. This committee has information to the effect that the various publications of the Washington Office will be amalgamated. The committee hopes that such action will take place and feels that it will make for both brevity and conciseness in the news releases. The work of the Washington Office can be no better extolled than to insert into this report the remarks of a government official: "The various government agencies interested in health and medicine have found the Washington Office of the American Medical Association an indispensable point of contact for the interchange of information and reference materials, both in its publications and in the mechanism it provides for ready access to knowledge of mutual interest. Most important is the accurate and complete way in which it translates legislative and program data from Washington to the medical profession."

Council on Pharmacy and Chemistry: Your committee would like to take this opportunity to endorse the activity of the Council on Pharmacy and Chemistry and commend the Council for the excellence of its varied types of projects.

Committee on Cosmetics: The report of the Committee on Cosmetics has been studied with interest. The Committee should be complimented for its evaluation program for cosmetic and

allied preparations. The report of the Laboratories reveals continuing cooperation with the Committee on Cosmetics and your reference committee notes with satisfaction the cooperation of the Laboratories with other departments of the American Medical Association.

Council on Physical Medicine and Rehabilitation: The report of the Council on Physical Medicine and Rehabilitation reveals the scope of ever-expanding activities through its publications and Council Advisory Committees. The Council is to be congratulated on its vigilance toward ever-increasing standards of excellence in all items submitted to it for study.

Council on Foods and Nutrition: Your committee notes with great pride the growing prestige of the Council on Foods and Nutrition as an independent authority in the field of nutrition, which has resulted in increasing demand by science writers and magazine publishers for help in formulating accurate and truthful articles. Your committee commends this report to the House of Delegates.

Bureau of Medical Economic Research: This report has made your reference committee ever more mindful of the great importance of this Bureau to the American Medical Association. The miscellaneous publications of the Bureau have been found to be of great help and assistance to all interested in the controversial aspects of medical economics. The attention of this House is called to the fact that the Director of the Bureau, Dr. Frank Dickinson, has recently been sought for high government office, which attests to the high regard in which he is held by those in other fields. Your committee has been informed that Dr. Dickinson played a major part in constructing the revised Reed-Keogh bill.

NATIONAL CONFERENCE ON TRICHINOSIS, REPORT OF COUNCIL ON RURAL HEALTH, AND REPORT OF BUREAU OF HEALTH EDUCATION

The portions of the report of the Board of Trustees dealing with the National Conference on Trichinosis, the Council on Rural Health, and the Bureau of Health Education, were referred by the Speaker to the Reference Committee on Hygiene and Public Health.

Report of Reference Committee on Hygiene and Public Health

Dr. W. L. Benedict, Chairman, presented the following report, which was adopted:

Your reference committee approves that portion of the report of the Board of Trustees on the National Conference on Trichinosis. Due to some doubt as to the proper time for the conference, your reference committee has deleted the date Dec. 12, 1952, allowing the different organizations involved time to select a date that will be suitable for all.

Your reference committee recommends that the entire report of the Board of Trustees on the Council on Rural Health be approved, with one slight change. In the first sentence of the seventh paragraph insert the word medical between the words states and preceptorships, so that the sentence will read, "In some states medical preceptorships are just now being instigated, but in a number of states this program has been in effect for the past few years." Your committee feels that the work of this council can be of great value in promoting health and a better relationship between medical and lay groups, teaching that health is more than mere medical care. The committee feels that every physician should give his whole support to this council and that its activities and programs should be expanded as rapidly as feasible.

Your reference committee approves the work of the Bureau of Health Education. The work of this bureau reaches the lives and education of the adult population but, more important, the lives and teachings of the younger generation, and it will help to mold the thinking of those who will determine the future course of our country. The Bureau utilizes the facilities of radio, television, traffic safety agencies, educational programs in our schools, 4-H Clubs, and many other avenues of approach to the public. It should be given the full support of the entire medical field, so that its work will reach every nook and corner of the country.

Report of Council on Industrial Health

The Speaker referred the portion of the report of the Board of Trustees having to do with the Council on Industrial Health to the Reference Committee on Industrial Health.

Report of Reference Committee on Industrial Health

Dr. William A. Hyland, Chairman, submitted the following report, which was adopted:

Your committee is greatly impressed with the extent and importance of the activities undertaken by the Council on Industrial Health. As our nation becomes more and more industrialized, it is to be expected that more and more of our health problems will be identified with preparation for employment, working conditions, and retirement. Your committee approves the intention of the Council to reappraise its principal functions and suggests that this survey be done with a view toward better coordination with agencies in the American Medical Association structure, with the state medical societies, with industrial management, with labor, and with official bodies concerned with industrial health and welfare. The recent development of the Joint Committee on Medical Care of Industrial Workers between the Council on Industrial Health and the Council on Medical Service your committee regards as a step in the right direction.

The following specific recommendations refer to the major headings in the Council report:

1. Your committee heartily endorses the Council's efforts toward bringing the general practitioner into the industrial medical field as the most practical method of solving the health problems of our thousands of small plants.

2. The present program of identifying the work of the committees on industrial health in the state medical societies with the various services of the Council should result in more effective work by both agencies.

3. Because of the importance of the industrial nurse in the small plant picture, your committee urges the Council on Industrial Health to maintain close liaison with the official national nursing organizations.

4. Your committee approves the formation of a consulting committee to the Council to be concerned with occupational cancer and recommends that adequate support be made available so that this program will become promptly effective.

5. In consideration of our aging population and the special health problems of older workers, your committee recommends continuation and intensification of the present studies of the Council in this field. It particularly recommends that all sources of dependable information regarding aging, health, and employment be thoroughly canvassed and that further reports be made regularly to the House of Delegates.

6. Because of the importance of good vision and hearing to industrial production and to health and safety, your committee believes that the Council on Industrial Health should mobilize at once the best available advice and consultation and that the results of these investigations should be brought widely to the attention of the medical profession and industrial management.

7. Your committee approves steps already taken to set up working relationships with the American Bar Association as an effective means of improving medicolegal relations in workmen's compensation administration. It suggests also that similar relations be developed between state bar and state medical associations.

Finally, it is apparent to your committee that the record of achievement of this council has come about in a substantial way because of the staff work provided by the Secretary and his associates. Your committee is pleased to make this public acknowledgment.

REGIONAL CONFERENCES, LEGISLATION, REPORT OF COMMITTEE ON LEGISLATION, REPORT OF ASSISTANT TO GENERAL MANAGER-DEPARTMENT OF PUBLIC RELATIONS, REPORT OF COMMITTEE ON MEDICOLEGAL PROBLEMS, REPORT OF BUREAU OF LEGAL MEDICINE AND LEGISLATION, REPORT OF BUREAU OF INVESTIGATION

Those portions of the report of the Board of Trustees having to do with Regional Conferences, Legislation, Committee on Legislation, Assistant to General Manager-Department of Public Relations, Committee on Medicolegal Problems, Bureau of Legal

Medicine and Legislation, and Bureau of Investigation were referred by the Speaker to the Reference Committee on Legislation and Public Relations.

Report of Reference Committee on Legislation and Public Relations

Dr. Robertson Ward, Chairman, presented the following report, which was adopted:

With regard to those sections of the report of the Board of Trustees referred to this committee, your committee wishes to commend the activities of the Washington Office and notes with regret the retirement of Dr. Joseph Lawrence who directed that office so ably for so many years. The committee wishes particularly to commend Dr. Frank Wilson for the expansion of the regional conferences in cooperation with the Committee on Legislation. These have proved of great interest and help to the medical leaders in the regions where they have been held, and much favorable comment has been made by those who have been privileged to attend.

In reference to the report regarding Medical Examinations in Social Security Programs, your committee recommends continued vigilance to prevent undesirable provisions from being enacted when this matter comes up, as it undoubtedly will, before the new Congress.

Your committee strongly advises that the Committee on Legislation press for early passage of legislation along the lines of tax deferment for individual retirement plans.

Concerning the report of the Assistant to the General Manager-Department of Public Relations, your committee notes with interest the rapid increase in the activities of this recently established department and wishes to commend particularly the activities carried on to acquaint the medical profession and the general public with the dangers of the International Labor Organization. The Department of Public Relations is to be congratulated on the extension of the field service activities reported; your committee feels that these activities should be encouraged and expanded. This rapidly expanding department can become one of the most valuable in the American Medical Association organization.

That portion of the report of the Board of Trustees on the Committee on Medicolegal Problems needs no particular comment except that your committee feels that increased activity on the part of the Subcommittee on Teaching of Legal Medicine and Medical Jurisprudence in Medical Schools should be encouraged to the extent that the teaching of these subjects will become a part of all medical school curriculums.

In the report of the Bureau of Legal Medicine and Legislation, your committee realizes the importance of continued action to establish the deductibility of postgraduate expenses for physicians. It is to be hoped that the Association's legal activities in appealing the decision of the Tax Court to the U. S. Circuit Court of Appeals will meet with success.

Your committee notes with interest the increasing activities of the Bureau of Investigation and feels that this bureau is of great help to the public and the profession in exposing quackery and promoting good medical care.

First World Conference on Medical Education

The Speaker referred that part of the report of the Board of Trustees dealing with the First World Conference on Medical Education to the Reference Committee on Medical Education and Hospitals.

Report of Reference Committee on Medical Education and Hospitals

Dr. A. F. R. Andresen, Chairman, presented the following report, which was adopted:

Your committee notes with approval the plans for the First World Conference on Medical Education, sponsored by the World Medical Association, to be held in London, England, in August, 1953. This conference should result in vast benefit to the teaching of medicine throughout the world. The three representatives so far appointed from our Association, Drs. Weiskotten, Johnson and Anderson, will certainly make valuable contributions to the discussions.

Report of Council on National Emergency Medical Service

The portion of the report of the Board of Trustees having to do with the Council on National Emergency Medical Service was referred by the Speaker to the Reference Committee on Military Medical Affairs.

Report of Reference Committee on Military Medical Affairs

Dr. J. Morrison Hutcheson, Chairman, submitted the following report, which was adopted:

Approval is given to the report of the Council on National Emergency Medical Service as presented in the report of the Board of Trustees. The Council is to be greatly commended for the immense amount of detail work and study entailed by its activities as reported. The House of Delegates extends its thanks to the Council. Particular emphasis should be laid on the urgency for active participation by physicians in the Civil Defense planning and organization of their localities.

Report of Bureau of Exhibits

The Speaker referred that part of the report of the Board of Trustees dealing with the Bureau of Exhibits to the Reference Committee on Sections and Section Work.

Report of Reference Committee on Sections and Section Work

Dr. C. C. Sherburne, Chairman, presented the following report, which was adopted:

Your reference committee studied the report of the Board of Trustees relative to the Bureau of Exhibits. The reference committee commends the Bureau of Exhibits . . . on its wide scope of activities and accomplishments.

Supplementary Report of Board of Trustees

Dr. Dwight H. Murray, Chairman, presented the following supplementary report of the Board of Trustees, the portions of which were referred to reference committees by the Speaker, as follows:

Licensure or Certification of Clinical Psychologists, and Interrelationships Between Medicine and Education, to the Reference Committee on Hygiene and Public Health.

Resolution on Permanent Records of Judicial Council, Advisory Committee on Policy, and Appreciation, to the Reference Committee on Reports of Board of Trustees and Secretary.

Continuation of Civilian Medical Advisory Committees in Executive Departments of Federal Government, to the Reference Committee on Legislation and Public Relations.

Doctor-Draft Law to the Reference Committee on Medical Military Affairs.

Rate of Compensation for Billing and Collection of American Medical Association Dues to the Reference Committee on Miscellaneous Business.

Provision of Medical Care Regardless of Ability to Pay and Report of Special Committee on Federal Medical Services, to the Reference Committee on Insurance and Medical Service.

Licensure or Certification of Clinical Psychologists

In further reference to the matter of the licensure or certification of clinical psychologists, the following report is submitted to the House of Delegates, in accordance with its request for a study of this subject, for such action as it may wish to take:

The Committee on Mental Health has reviewed the report by Drs. Gerty and McKay and Mr. Holloway on the licensure or certification of clinical psychologists, as well as the report on this matter by the Reference Committee on Medical Education and Hospitals.

The Committee recognizes the complexity of the problem and with few exceptions agrees with the manner in which the problem has been presented in the body of the report. The Committee further recognizes that clinical psychologists may have need for standardization of their qualifications within their own field of endeavor for the purpose of preventing encroachment by those having insufficient education and training who now offer their

services to the public. However, it is the impression of the Committee on Mental Health that the primary motivation of the clinical psychologists is to become recognized by law as qualified to enter the private practice of psychiatry under the guise of psychotherapists. Since the Committee is convinced that clinical psychologists cannot in any way be qualified by their training and experience to function independently as psychotherapists, it seems necessary that the American Medical Association adhere to a policy which defines the practice of psychotherapy as an integral part of the practice of medicine and therefore present a medical point of view in relation to any attempt at legal recognition of clinical psychologists. It may be of interest to note that this is essentially the official position of the council of the American Psychiatric Association.

In view of the above considerations, the Committee on Mental Health proposes the following recommendations for consideration:

The Committee on Mental Health reaffirms that the practice of psychotherapy is but one aspect of the total therapeutic armamentarium of a physician and therefore cannot be split off as an isolated technical skill divorced from the over-all diagnostic and treatment procedures inherent in the practice of medicine. This affirmation in no way contradicts the recognition of the fact that other professional groups, such as ministers, lawyers, teachers, social workers, nurses, psychologists, vocational counselors, and other professional groups now utilize psychological understanding and principles in the carrying out of their particular function.

The adoption by the American Medical Association of the principles that psychotherapy is inseparable from the practice of medicine makes it advisable that the recommendation of the Gerty report that the Bureau of Legal Medicine and Legislation make a study of the medical practice acts of all states to determine whether or not they embody this principle be also adopted. It is deemed advisable that all medical practice acts include the treatment of illness by psychological methods. It is further recommended that the American Medical Association take active steps toward this end.

The committee further recommends that the suggestions of the Gerty report relating to all present and future proposals for the certification or licensure of psychologists be carefully studied to determine whether they are in accord with the principles and recommendations here expressed.

In view of the fact that the policy of the American Medical Association has always emphasized the best interest of the public welfare, it should be a matter of record that the Association stands prepared to collaborate with all recognized professional groups in maintaining the highest standards.

INTERRELATIONSHIPS BETWEEN MEDICINE AND EDUCATION

The joint interest of the medical and education professions in the health of children of school age is vital to the health of our youth and future citizens. In this regard a number of important national endeavors, including the activities of the Joint Committee on Health Problems in Education of the American Medical Association and the National Education Association for more than 40 years, the National Conference on Physicians and Schools sponsored by the American Medical Association in 1947, 1949, and 1951, and the work of the Bureau of Health Education of our association since its founding, have contributed to better understanding and universally acceptable concepts in relation to health education for children of school age. Similar activities developed by state and local medical associations and societies have fostered excellent relationships between the two professions.

The Board of Trustees recommends that the House of Delegates commend these projects by constituent and component associations and urges that they be further extended through appropriate committees, conferences, meetings, and other suitable activities among representatives of medicine and education in each state so as to develop interrelationships between the two professions which will lead to the formulation of sound policies for the health education of the children and youth in our schools.

REPORT OF REFERENCE COMMITTEE ON HYGIENE AND PUBLIC HEALTH

Dr. William L. Benedict, Chairman, presented the following report, which was adopted:

Certification of Clinical Psychologists: Your reference committee approves the supplementary report of the Board of Trustees on Licensure or Certification of Clinical Psychologists, which was in accordance with the recommendation of the Council on Medical Education and Hospitals and the Committee on Mental Health. The Board points out that its recommendation does not interfere in any way with the duties of ministers, counselors, lawyers, teachers, and others who utilize psychological understanding and principles in the carrying out of their particular work.

Supplementary Report on Interrelationships Between Medicine and Education and Report of the Bureau of Health Education: Your reference committee approves the work of the Bureau of Health Education. The work of this Bureau reaches the lives and education of the adult population, but, more important, the lives and teachings of the younger generation, and it will help to mold the thinking of those who will determine the future course of our country. The Bureau utilizes the facilities of radio, television, traffic safety agencies, educational programs in our schools, 4-H Clubs, and many other avenues of approach to the public. It should be given the full support of the entire medical field, so that its work will reach every nook and corner of the country.

RESOLUTION ON PERMANENT RECORDS OF JUDICIAL COUNCIL

As mentioned in the resolutions on permanent records of the Judicial Council, adopted by the House, which included a recommendation that such rulings and interpretations as would be helpful to the membership of the American Medical Association at large be made available to them through THE JOURNAL at the discretion of the Editor, was considered by the Board and referred to the Judicial Council for study and report.

The Board has received a report from the Council to the effect that the recommendation contained in the resolutions can be complied with; that the Council should see the material, before it is published, that the Editor may select that which is to appear in THE JOURNAL, and that some method of future procedure will be worked out to the satisfaction of the Editor and the Council.

ADVISORY COMMITTEE ON POLICY

In accordance with the recommendation of the House of Delegates in June, 1952, the Board of Trustees has selected the following physicians to constitute a committee to be known as the Advisory Committee on Policy:

Dr. Elmer L. Henderson, Chairman, Louisville, Ky.
Dr. Ernest E. Irons, Chicago.
Dr. Allen H. Bunce, Atlanta, Ga.
Dr. Raymond L. Zech, Seattle.
Dr. H. Russell Brown, Watertown, S. D.

This committee will be advisory to the Board of Trustees on matters which will be submitted to it from time to time.

APPRECIATION

I wish to thank the officers and trustees of the Association for the many hours of hard work they have put in during the year. During the interim between meetings of the House of Delegates, there are innumerable problems arising which have to be solved or at least some temporary action taken until the House meets. This involves not only the regular meetings but special meetings. Great demands are made on the time of the President and President-Elect. It has been necessary for both of these officers to spend an enormous amount of time away from home and to travel many thousands of miles. I also wish to thank the staff of the Headquarters office for their loyalty and cooperation. They have made the work of my office less arduous, and their willingness at all times has been outstanding.

Report of Reference Committee on Reports of Board of Trustees and Secretary

Resolution on Permanent Records of the Judicial Council: Your committee begs to convey to the House that the Board of Trustees has received a report from the Judicial Council to the effect that the recommendation contained in the resolutions can be complied with, that the Council should see the material before it is published, that the Editor may select that which is to appear in The Journal, and that some method of future procedure will be worked out to the satisfaction of the Editor and the Council.

Resolution on Advisory Committee on Policy: In accordance with the recommendation of the House of Delegates in June, 1952, the Board of Trustees has selected five physicians to constitute a committee to be known as the Advisory Committee on Policy. This committee will be advisory to the Board of Trustees on matters which will be submitted to it from time to time, and will function until the next annual session to be held in New York in 1953.

Appreciation: Your reference committee takes great pleasure in extending the thanks of Dr. Dwight H. Murray to the officers and Trustees of the Association for the many hours of hard work they have put in during the year. Dr. Murray further extends his gratitude to the staff of the Headquarters office for their loyalty and cooperation. Your committee would like to reverse the order of gratitude and to express to the Chairman of the Board of Trustees the deep appreciation of the House of Delegates and all of its ancillary services for his devotion to duty and his wisdom of judgment, which have contributed so much to the momentous decisions reached during the past year.

Continuation of Civilian Medical Advisory Committees in Executive Departments of Federal Government

From its Council on National Emergency Medical Service the Board of Trustees received the following resolutions on the continuation of civilian medical advisory committees in executive departments of the federal government. This resolution was favorably considered by the Board and is being transmitted to the House of Delegates with the recommendation that it be adopted.

Whereas, The American Medical Association has long been concerned with improved coordination and integration of the health and medical programs of the various departments and agencies of the federal government and the establishment of the closest possible liaison between these federal health programs and voluntary and nongovernmental medical programs; and

Whereas, The need for effective coordination, integration, and medical liaison has been recognized in connection with defense mobilization; and

Whereas, Numerous medical advisory committees have been created to meet this need and to serve in advisory capacities at sufficiently high administrative levels in government to make this work effective; and

Whereas, Experience of the past several years has proved the value of such policy-making medical committees; therefore be it

Resolved, That the House of Delegates of the American Medical Association strongly endorse the continuation and expansion of such civilian medical advisory boards and committees to insure that governmental medical plans and programs serve the best interests of the federal government and civilian medical care; and be it further

Resolved, That the House of Delegates of the American Medical Association respectfully urge the President-Elect of the United States and appropriate department heads, when appointed, to take such action as may be required to effect the establishment of civilian medical advisory and coordinating committees as a functioning part of such agencies as the Department of Defense, the National Security Resources Board, the Office of Defense Mobilization, the Federal Civil Defense Administration, and the Selective Service System.

Report of Reference Committee on Legislation and Public Relations

Dr. Robertson Ward, Chairman, submitted the following report, which was adopted:

The supplementary report of the Board of Trustees calling for continuation of civilian medical advisory committees in executive departments of the federal government was approved by your committee in the form presented by Dr. Dwight H. Murray, and it recommends acceptance and approval of this supplementary report of the Board of Trustees as presented.

Doctor-Draft Law

It has been requested by various representatives of the government that the doctor-draft law, which expires July 1, 1953, be extended for five years, notwithstanding the fact that the current Selective Service Act expires in June, 1955.

The Board of Trustees and the Council on National Emergency Medical Service have given a great deal of thought to this entire problem of the drafting of physicians and have prepared the following statement containing background information as well as recommendations which it is hoped the House of Delegates will consider favorably.

In August, 1950, the American Medical Association, after careful and thoughtful consideration of the proposed doctor-draft legislation of the Department of Defense, supported the need for this legislation, notwithstanding its discriminatory character and the fact that it was foreign to the American way of life. The reason for the position of the American Medical Association at that time was the fact that the United States was faced with an emergency, which, although called "a police action," was in fact a condition of warfare. The urgent need for additional Medical and Dental Corps officers at that particular time allowed only two choices: (1) the recall of reserve officers who had had active military service during World War II or (2) the adoption of legislative provisions for the recall of physicians and dentists who had been deferred during World War II or who, under a Navy V-12 or an Army Specialized Training Program, had received educational grants from the federal government to complete or continue their medical education. The government had terminated its contracts with these ASTP or V-12 men of its own free will and volition in June, 1946. Except by the enactment of the so-called doctor-draft law the government could not reactivate the obligations of these physicians and dentists.

The American Medical Association in its discussions with the Department of Defense and its testimony before the various committees of the United States Congress at that time clearly stated its position concerning the discriminatory character of this proposed legislation. It was also generally understood that physicians and dentists called to active duty in the military forces under the proposed doctor-draft law would be used for the care of military patients as differentiated from nonmilitary patients in military hospitals.

Since 1950, notwithstanding the emergency situation caused by a condition of war existing between the United Nations and the communist forces in Korea, the armed forces have increased their nonmilitary medical activities. This includes not only the medical care and treatment of dependents of service personnel, but the retired members of the regular and reserve components of the armed forces, certain personnel of the United States Foreign Service, of the Department of State, nationals of foreign governments, both in the continental United States and overseas, personnel of the American Red Cross, and civilian employees of the federal government, as well as civilian employees of civilian contractors working outside the continental limits of the United States.

In conferences between representatives of the Department of Defense and the armed services with the Council on National Emergency Medical Service, representatives of the government, in presenting their reasons for requesting a continuation of the doctor-draft act, which expires July 1, 1953, asked for an extension for five years, notwithstanding the fact that the current Selective Service Act expires in June, 1955. The material presented to the Council by representatives of the Department of Defense assumes the continuation of the present international situation for the next five years. These representatives presented no plan or program for the increased enrollment of Medical Corps officers in the regular or career service of the armed forces. Furthermore, in discussing the utilization of medical personnel of the armed forces, they envisioned a continued increase in the duplication of the civilian medical activities, such as the care of nonmilitary persons, the development of graduate medical training, which has normally been the responsibility of civilian training centers, etc.

In addition, it should be noted that the present Selective Service Act provides for the deferment of certain personnel for educational reasons, including the pursuit of medical or dental programs. Such deferments permit the Selective Service System to induct deferees for a period of two years up to the age of 35. This act, as it affects physicians and dentists, would not be discriminatory, and since it affects all citizens equally would be in keeping with the law of the land.

The following resolution was submitted to the Board by the Council on National Emergency Medical Service and is being transmitted to the House of Delegates with a recommendation that favorable action be taken:

Whereas, The statistical data and reasons presented by the Department of Defense and the armed forces for the continuation of the doctor-draft law beyond its current expiration date of June 30, 1953, are predicated on a continuation of (*a*) the present international situation, (*b*) the need for the same number of medical officers that are in service today, (*c*) the present utilization of medical personnel in the armed forces, and (*d*) an inability on the part of the armed services to attract a larger number of medical volunteers and members of the regular medical corps; and

Whereas, The medical manpower requirements of the armed forces cannot be accurately assessed until the President-Elect of the United States announces his foreign and domestic policies and the Congress has

V 1
195

considered the budget request of the Department of Defense for the next fiscal year; and

WHEREAS, The American Medical Association has not received any specific information from the Department of Defense showing the percentage of time spent by physicians in uniform in the treatment of other than military personnel, such as dependents of servicemen, or the future plans of the Department of Defense with respect to this program; and

WHEREAS, The armed services have not as yet initiated an effective and aggressive recruitment program to obtain physicians on a voluntary basis; therefore be it

Resolved, That the House of Delegates of the American Medical Association withhold any action on the proposed extension of the doctor-draft law beyond its present expiration date until such time as more specific data and satisfactory answers to the questions outlined above are available and that the House instruct the Board of Trustees to take appropriate action when it is deemed advisable.

The Board would like to suggest that you read this statement in its entirety and give it your wholehearted support.

Report of Reference Committee on Medical Military Affairs

Dr. J. Morrison Hutcheson, Chairman, presented the following report, which was adopted:

Resolutions pertaining to the provision of medical service for the armed forces were received from the Board of Trustees and delegates from Pennsylvania, New York, California, and Utah.

Several hours of valuable testimony were contributed through representatives of the armed forces, the Office of Selective Service, the Council on National Emergency Medical Service, state and county medical societies, and also by individual members of the American Medical Association.

Since the resolutions above mentioned all dealt with various aspects of the problem of supply of medical services to our military personnel, there is submitted below a substitute resolution.

It is to be noted that Public Law 779, the so-called doctor-draft bill, which in practice has been found to involve numerous inequities, will expire on June 30, 1953.

Recognizing its responsibility in the field, the American Medical Association will continue to support whatever measures are necessary to provide essential medical care to the armed services. The Health Resources Advisory Committee of the Office of Defense Mobilization has inspired confidence by its activities up to now in this field. It is the responsibility of the House of Delegates to provide a framework of policy within which the Board of Trustees and officers may operate. Therefore, the substitute resolution follows, part of which is fashioned after the proposals from the Medical Society of the State of Pennsylvania:

Resolved, That for the interim until the next regular meeting of the House of Delegates, the Board of Trustees and the Council on National Emergency Medical Service are authorized and directed as follows:

1. To follow closely all developments, both national and international, which might affect the quantitative requirement of the armed forces for medical officers.
2. To support legislation designed to provide the number of medical officers required to care adequately for the health needs of the uniformed armed forces, which will, so far as consistent with the public interest, guard the following principles:
   - A. Physical requirements for medical officers should be realistically revised to the end that physicians with physical defects be utilized with appropriate assignment.
   - B. More effective recruitment methods should be developed for career personnel in military medicine, and the Armed Forces Medical Policy Council's efforts in this direction should be supported.
   - C. The greater use of civilian doctors of medicine and civilian hospital facilities, whenever and wherever feasible, in the care of both military and nonmilitary personnel and dependents of military personnel, should be encouraged.
   - D. Since the total number of doctors of medicine available to the various governmental agencies and for the general health needs of the nation, is an irreplaceable pool of relatively fixed proportion, it must be utilized in the most economical and efficient manner.
   - E. Conditions of service in the several governmental agencies should be sufficiently uniform to avoid undue competition for medical personnel.
   - F. Consideration should be given to an equitable point system in the induction of doctors of medicine into the medical departments of the armed services.
   - G. In regard to the operation of the existing doctor-draft law, the President of the United States should be requested by the American Medical Association to defer any call-up of priority 3 physicians under Public Law 779 until the Selective Service System and the Department of Defense have completed the processing of all physicians in priorities 1 and 2 and have called to active military service all physicians in these groups except those very occasional individuals whose further deferment is essential to the nation's health, safety, and interest.

Rate of Compensation for Billing or Collection of American Medical Association Dues

In accordance with the recommendation of the Reference Committee on Miscellaneous Business, June, 1952, the Board of Trustees has considered the method and rate of compensation paid to state societies for the collection of American Medical Association dues and has consulted with state secretaries. During the past year there has been no general expression of dissatisfaction with the present rate of compensation. Since this problem is under continuous study and since dissatisfaction is limited in extent, the Board recommends that at present no change be made in the procedure.

Report of Reference Committee on Miscellaneous Business

Dr. B. O. Edwards, Chairman, submitted the following report, which was adopted:

Your committee believes that there is considerably more dissatisfaction with the present rate than has been brought to the attention of the Board of Trustees. Apparently this rate of 1% does not cover the cost of billing and collection of dues, especially in those states with a large membership. Your committee suggests that the Board of Trustees give serious consideration to the establishment of a sliding scale of payment to take care of the differences in these costs.

Provision of Medical Care Regardless of Ability to Pay

Protests have been made at various times that medical care is being denied certain individuals because of its cost. As is well known, the prime object of the medical profession is to serve humanity, regardless of reward or financial gain, and with a view to implementation of this principle a number of county medical societies have successfully conducted and publicized programs offering to provide the services of a physician to anyone unable to pay for them, which we believe have conclusively answered such protests.

The Board of Trustees urges that the American Medical Association heartily endorse such medical care programs and undertake an energetic campaign to implement them, that the constituent state medical societies be encouraged to organize and vigorously promote similar campaigns embodying the principles of such programs, and that these campaigns be made known to the public through every effective medium of communication.

Report of Reference Committee on Insurance and Medical Service

Dr. Carlton E. Wertz, Chairman, presented the following report, which was adopted:

Your reference committee heartily concurs with the position of the Board of Trustees in its supplementary report dealing with the provision of medical care regardless of ability to pay.

Report of Special Committee on Federal Medical Services

As you are well aware, the American Medical Association has for many years maintained an active interest in all phases of federal medical care. This interest was specifically demonstrated at the Clinical Session of the Association in December, 1951, at which time a Special Committee on Federal Medical Services was appointed by the Board of Trustees to study and report concerning:

(*a*) Medical and hospitalization benefits for veterans with non-service-connected disabilities; (*b*) Medical and hospitalization benefits for dependents of service personnel, and (*c*) The transfer of seriously disabled service personnel from service hospitals to Veterans Administration installations.

This Committee was originally composed of Drs. E. L. Henderson, Chairman, Perrin H. Long, George F. Lull, Walter B.

Martin, H. B. Mulholland, and Harvey B. Stone, and Mr. C. Joseph Stetler, Secretary. After nine months of outstanding service with the committee, Dr. Henderson found it necessary to submit his resignation on Sept. 15, after which Dr. Walter B. Martin was elected chairman.

After a year of diligent effort, the committee has presented its report, which has been approved by the Board of Trustees with but slight modification. The first 14 chapters were mailed to the members of the House of Delegates on Nov. 20, 1952. The summation of the background material and general and specific recommendations are contained in part 4 of the report (pages 95 to 111), which has been distributed to all delegates today. (*Note:* The report of the Committee on Federal Medical Services is too voluminous for reproduction in THE JOURNAL. It is being printed in a separate booklet and will be available, on request, about Jan. 1.)

I would like to commend the committee on an extremely comprehensive and courageous report. I am sure that the historical material and statistics which it has compiled will be of lasting value to the Association. I should like to emphasize the importance of the problems discussed and request that you give this document your serious consideration.

REPORT OF REFERENCE COMMITTEE ON INSURANCE AND MEDICAL SERVICES

Dr. Carlton E. Wertz, Chairman, presented the following report, which, after extended discussion, was adopted:

Your reference committee has carefully perused parts 1, 2, and 3 of the report of the Special Committee on Federal Medical Services and wishes to comment on the work involved and the comprehensive scope of this report. Admitting the occasional inaccuracies that might be present in parts 1, 2, and 3, this is a most voluminous and comprehensive report. Your committee regrets that the Booz, Allen and Hamilton Report was not available during the preparation of parts 1, 2, 3, and 4. Your reference committee believes the House of Delegates owes a debt of great appreciation to the efforts of all the people who assisted in the preparation of the report of the Special Committee.

In considering the recommendations under part 4, your committee has approached this problem in the same spirit in which the Special Committee on Federal Medical Services approached it, and your reference committee agrees that the American Medical Association must take a courageous stand on the basis of sound principles if the public, the Congress, and the profession are to receive wise guidance.

Your committee is in complete accord with part 2, which contains the following recommendation: "It is recommended that the establishment of a definitive policy by the American Medical Association on the subject of dependent medical care be deferred until such time as these studies are completed."

It is also in complete accord with part 3, which ". . . heartily endorses the purpose of the program of transferring seriously disabled service personnel from service hospitals to Veterans Administration installations. It is the recommendation of the Committee that it be continued and that every effort be made to accomplish maximum implementation."

In the General Recommendations, your committee approves (*a*) as written, namely, "To obtain a clear congressional definition of the extent of the government's responsibility for furnishing medical care with particular reference to the treatment of veterans with non-service-connected disabilities and the dependents of service personnel."

Under (*b*) your reference committee recommends that the wording be changed to read: "To establish a federal board to allocate the number of beds required by the several federal hospital services; to insure joint planning in the field of *civilian and* federal hospital construction and to determine the need for and location of proposed new hospitals in the United States." In order to clear the situation your committee believes those two above recommendations are important.

In Chapter XVII, "Review of Pending Resolutions," your reference committee concurs in the Special Committee's disapproval of resolutions 1, 2, 3, 5, 6, 9, and 10.

In regard to resolutions 4 and 7, testimony presented and reviewed by the reference committee indicates a general agreement that the Veterans Administration should not provide benefits to veterans for non-service-connected disabilities while they have in effect a prepaid hospital and/or medical care plan. Your reference committee endorses these resolutions.

Concerning resolution 8, your committee recommends that no reconsideration of this resolution be undertaken, since this problem is under study.

Part One of the Recommendations (Chapter XVI) has occupied the greatest portion of the reference committee's time both in its hearings and in its deliberations. Your committee believes that the fundamental consideration of limiting the care of veterans in Veterans Administration hospitals to the two following categories is sound: "(a) Veterans with peacetime or wartime service whose disabilities or diseases are service-incurred or aggravated; and (b) Within the limits of existing facilities to veterans with wartime service suffering from tuberculosis or psychiatric or neurological disorders of non-service-connected origin, who are unable to defray the expenses of necessary hospitalization."

The reference committee believes that the recommendation of the Special Committee ". . . that the provision of medical care and hospitalization in Veterans Administration hospitals for the remaining groups of veterans with non-service-connected disabilities be discontinued and that the responsibility for care of such veterans revert to the individual and the community, where it rightfully belongs," cannot be accomplished without the cooperation of Congress, veterans organizations, and the medical profession. Your reference committee, after conducting extensive hearings, is of the opinion that the only honorable, equitable, and reasonable way to approach this problem is to recommend to the House of Delegates that the American Medical Association, the veterans organizations, the American Dental Association, the American Hospital Association, and representatives of the Department of Defense and the Veterans Administration sit down and try to reach reasonable conclusions for appropriate action from agreed upon data rather than take any precipitate action now.

As evidence of the reasonableness of this solution, your reference committee would like to call the attention of this House to the eminent success of the Indiana program indicating a satisfactory approach to this very complex problem.

It is the opinion of your reference committee that until the above methods and suggestions have been accomplished it would be ill advised to attempt to change Public Law 312.

This House of Delegates heard Tuesday from Dr. Norman R. Booher, representing the Commander of the American Legion, a most intelligent appraisal of the entire problem, in which he said, "The position of the American Legion is that if these categories of non-service-connected cases are accepted as under the present law, we the American Legion stand willing and ready to join with the American Medical Association, American Hospital Association, American Dental Association, and all others to prevent the non-service cases which we might term 'chiselers' from ever receiving treatment by the Veterans Administration. The presence of such an individual who can afford to pay for his private medical care in a Veterans Administration bed means to us that he is depriving a worthy and qualified veteran from receiving the care the Congress and the people of this country intend for him to have. Believing as we do the above principles, we think that the present law, P. L. 312, should stand without the dangerous procedure of tampering with it in the Congress. By the same token, we believe that the enforcement of the present law by administrative means should be reconsidered, with every American demanding its fair enforcement. The Legion has already helped accomplish some administrative changes."

With the clear understanding of the American Legion's position in regard to the care of the veterans and its willingness to cooperate, and as a result of the careful study of the supporting evidence of the full report, and after a day of deliberations, your reference committee moves the adoption of the above report.

DONATION TO AMERICAN MEDICAL EDUCATION FOUNDATION

The Board of Trustees has voted again to donate one-half million dollars to the American Medical Education Foundation.

There was no reference by the Speaker of this portion of the supplementary report of the Board of Trustees. The members of the House of Delegates indicated their unanimous approval.

Report and Supplementary Report of Council on Medical Education and Hospitals

Dr. H. G. Weiskotten, Chairman, presented the report of the Council on Medical Education and Hospitals (see THE JOURNAL, Nov. 1, 1952, pages 925-932) and a two-part supplementary report, one of which was a mimeographed 74-page report of the Advisory Committee on Internships and the other a 24-page mimeographed revision of the Essentials of an Approved Internship, as follows:

Mr. Speaker: The regular annual report of the Council on Medical Education and Hospitals appears in the Handbook. The Council desires also to present to the House a supplementary report, which is in two portions. The first part is a report on internships by the Advisory Committee on Internships, which was authorized by this House. The report of the Advisory Committee on Internships is submitted to the House for information. The second portion of the supplementary report is a revision of the Essentials of an Approved Internship, which incorporates a number of the recommendations of the Advisory Committee on Internships.

The Report of the Advisory Committee on Internships and the revised Essentials of an Approved Internship have been circulated to the members of the House of Delegates. The Council recommends that the report of the Advisory Committee on Internships be accepted and that the revised Essentials of an Approved Internship be adopted.

The report and the supplementary report were referred to the Reference Committee on Medical Education and Hospitals.

(*Note:* Because of the limitation of space available in THE JOURNAL, the complete supplementary report is not included herewith; copies will be ready for distribution within a short time.)

REPORT OF REFERENCE COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS

Dr. A. F. R. Andresen, Chairman, presented the following report, which, after discussion, was adopted:

Your reference committee has carefully studied the Report of the Council on Medical Education and Hospitals and has been greatly impressed with the tremendous scope of the work done by Dr. Weiskotten and his council. During the many years that Dr. Weiskotten has headed this council, medical education, both undergraduate and graduate, has under his wise guidance made great strides and today is an example to the rest of the world. Your committee is of the opinion that it would be wise to lay emphasis on the many phases of the Council's work by considering them separately, as follows:

Matters Referred by the House of Delegates have been diligently studied. The resolution urging specialty boards to permit their diplomates to participate in emergency medical call services outside their specialties was concurred in by the Advisory Board for Medical Specialties and is being publicized. Resolutions regarding radium treatment, teaching of dermatology and syphilology, residencies and internships, and the study of relationships of American Medicine to professional groups in other fields have been studied or referred to other committees for joint study, and reports will be forthcoming.

Your committee recommends approval of these activities of the Council.

Survey of Medical Education, carried on in conjunction with the Association of American Medical Colleges, will be published in book form early in 1953 and is expected to result in development and improvement in medical and preprofessional education for the next generation.

Medical Education and National Defense has been studied in all its phases, the Council working with various other national agencies, and has resulted in plans for providing well-trained physicians for the armed services without impairing civilian medical services. The policies of the Selective Service System have been publicised. A plan for "Medical Education for National Defense" is being tried out in five medical schools.

The G. I. Bill of 1952 has been studied, and consultation with the Veterans Administration has been held to determine whether veteran physicians may benefit from the bill by taking internships or residencies.

Financial Support of Medical Education is reported to have improved somewhat, but the Council considers that expansion and strengthening of the support provided by the American Medical Education Foundation are necessary to assure medical education of stable and adequate financial support.

Your committee recommends approval of these activities of the Council.

Revision of Essentials in all fields of medical education is constantly going on and reports prepared.

New Medical Schools are being projected in various parts of the country and are being graded by the Council. Three new medical schools have been created, and 11 others are in various stages of development.

Foreign Medical Schools, with their varied and changing standards of teaching, have made the problem of the approval of their 1,000 or more graduates each year who apply for permission to practice in this country very difficult. The Council is doing all it can to aid state boards of medical licensure and other agencies and institutions in evaluating these graduates and hopes in a couple of years to make more definite recommendations.

Your committee recommends approval of these activities of the Council.

Section on Graduate Training. A tremendous amount of work has been done by this section, and many important improvements have been instituted. The inspection of hospitals to determine the acceptability of their intern and resident training has been continued and has reached the point where inspections are made at least every two years, keeping the annually published lists strictly up-to-date. Cooperation with other organizations interested in postgraduate training, including the specialty boards, has resulted in revised and improved requirements in various specialties, such as otolaryngology, anesthesiology, internal medicine, and surgery. For the benefit of prospective residents a "Residency Information Bulletin" has been published and generally distributed. Attention is called to the fact that only about 70% of intern and residency appointments in approved hospitals can be expected to be filled. The Council expects soon to take an important part in the activities of the new Joint Commission on Accreditation of Hospitals, consisting of representatives from the American Medical Association, the American College of Physicians, the American College of Surgeons, American Hospital Association, and Canadian Medical Association. An Advisory Committee on Internships is making an appraisal of requirements for intern training. The Council is represented on the National Interassociation Committee on Internships, which has conducted the successful Matching Plan. Examining boards approved by the Council and the Advisory Board for Medical Specialties now number 19, no new ones having been approved in the past year.

Your committee recommends approval of these activities by the Council on Medical Education and Hospitals and recommends that the Council define the distinction between graduate and postgraduate medical education.

Section on Hospital Service and Technical Schools: The Council has issued its Annual Report on Hospital Service in the United States for 1951-1952. Registered hospitals have increased to 6,717, taking care of over 20 million patients per year with nearly one half billion days of patient care. Psychiatric institutions will take care of more patients each day than all other registered hospitals combined. Inspection of hospitals and technical schools is a continuing effort. In technical fields the Council has worked in liaison with many agencies interested in improving and standardizing training programs in the ancillary, technical services in hospitals, and constant improvement has been noted, although there is a shortage of technical personnel. An effort is being made to provide additional medical record librarians by decreasing the required time for training, and similar requests in relation to other technical fields are being studied. The Council has studied and encouraged the development of general practice sections in hospitals and has published a report on this subject. A summary of hospitals and technical schools inspected and approved emphasizes the importance and scope of the Council's activities.

Your committee recommends approval of these activities of the Council.

Postgraduate Education: In recent months the Board of Trustees has authorized study of the more than 1,800 different postgraduate programs, hitherto not supervised, and the Council will present a report of its first year's study in 1953.

Collaboration with Other Agencies, not only with the Association of American Medical Colleges, the Advisory Board for Medical Specialties, the American College of Physicians, the American College of Surgeons, and the government services but also with many other organizations interested in various phases of medical education, has been actively continued, and the Council lists 64 such organizations, designated as a "partial list."

Council Publications form an impressive list, showing the many important activities of the Council and making the information obtained of service in many fields relating to medicine.

A résumé of changes in the membership of the Council and its professional staff and memorials to three of its outstanding members, Drs. Russell Haden, Reynolds Hayden, and Louis J. B. LeBel concludes the report.

Your committee recommends the approval of these activities of the Council and particularly suggests that the House of Delegates go on record as expressing its regret over the loss of the three deceased physicians.

Your committee wishes again to compliment Dr. Weisketten and the members and staff of his Council on Medical Education and Hospitals on the monumental contributions they have made to the teaching of medicine and the efficiency of hospitals and to commend them for promoting by their efforts the cause of world medicine and world health. Your committee recommends the adoption of the report of the Council on Medical Education and Hospitals.

Report of Advisory Committee on Internships: Your committee has reviewed the 74-page report of the Advisory Committee on Internships with a great deal of interest and wishes to express its feeling of appreciation for the clarity of thought recorded in the counseling that is given to help improve the internship in various sections of the country. Because of this clear presentation your committee is sure that the internship will be improved greatly and that the quality of medical care of patients throughout the country will be markedly improved. It is not possible for your reference committee to give this House in succinct form an understanding review of this comprehensive report on modern educational needs and requirements for intern training. It therefore calls to the attention of each member of the House of Delegates the necessity to peruse carefully this report and consider each subject and phase of intern training discussed in the report and to consider staff and hospital organization and teaching interests in relation to these recommendations. There are a few suggestions which were made during the discussions that your committee feels the Council would want to consider. Your reference committee heartily endorses the report and suggests that it be made available to every physician and hospital throughout the country.

Essentials of an Approved Internship: The Essentials of an Approved Internship as outlined by the Council on Medical Education and Hospitals emphasizes the consideration of internship training as an educational function of the hospital. Your committee wishes particularly to thank the members of the Council on Medical Education and Hospitals and its professional staff for their constant attendance at the committee's meetings and for the explanation of various subjects which came up during the discussions. One of the paragraphs which they agreed to delete from their report is on page 7 beginning with "The difference" and ending with "integrated training." The committee in reviewing the Essentials found some material that, while useful for advice to hospitals, is not a part of this training, and the committee recommends, therefore, that they be added to the Essentials of an Approved Internship as an addendum. Your committee feels that the Essentials as presented are striving for an ideal and that the recommendations are not going to be static but will be changed at frequent intervals as a result of continuous study, and the committee believes from the discussions that the Council will use its discretion in the application of the new requirements to individual hospitals. In any case, under the ordinary administrative rules now operating, it will be at least two years before the quantitative requirements can be put into effect.

Your committee feels that the report of the Advisory Committee on Internships and the Essentials of an Approved Internship are based on a consideration of an educational program for the training of young doctors and therefore should be publicized in THE JOURNAL, preferably by both an article and an editorial, and should be made available to various state journals for publication as part of the educational program.

Report and Supplementary Report of Council on Scientific Assembly

Dr. Henry R. Viets, Chairman, presented the report of the Council on Scientific Assembly (see THE JOURNAL, Nov. 1, 1952, pages 932-933) and the following supplementary report, both of which were referred by the Speaker to the Reference Committee on Sections and Section Work:

To the Members of the House of Delegates of the American Medical Association:

The Council on Scientific Assembly met at the Palmer House, Chicago, Oct. 27, 1952, and an all-day conference with the section secretaries and section representatives to the Scientific Exhibit was held at the same place on Oct. 28. A meeting of the Council was also held at the Shirley-Savoy Hotel in Denver, Dec. 1. This supplementary report deals with the principal business transacted at these meetings.

DENVER CLINICAL SESSION, 1952

The Council voted to extend to Dr. William B. Condon, Chairman of the Administrative Committee of the Local Committee on Arrangements, and his associates, its appreciation of the excellent program arranged for the Denver Clinical Session. Thanks were also extended to the *Rocky Mountain Medical Journal,* for the publication of the complete program in the November, 1952, issue. It was recommended that at future clinical sessions arrangements be made, if practical, for local medical journals to publish the program of the session in advance of the meeting and that journals in adjacent states be also asked to cooperate in this matter.

Permission was granted to Ciba Pharmaceutical Products, Inc., to transcribe the panel discussion on hypertension to be given at the Denver Session on Dec. 4, with the provision that the transcription would not be used except in the office of Ciba Pharmaceutical Products, Inc., Summit, N. J., and not be distributed for advertising purposes or published without the permission of the Council on Scientific Assembly. It was further understood that copies would be furnished to the Council on Scientific Assembly and also to the Editor of THE JOURNAL. If publication of this transcription is contemplated at a later date, the matter must be taken up with the Council at that time.

The Council noted that transcriptions of portions of the program of the Scientific Assembly might be useful for state and county medical societies and that it would be willing to consider applications for such transcriptions in the future. If enough applications are received, rules for the use of the scientific program on this basis will be set up, it being understood that the provisions made for Ciba Pharmaceutical Products, Inc., pertain only to the transcription of one program at the Clinical Session this year.

The Council received a request from the local chapter of the American Heart Association for permission to have a public meeting on the evening of Dec. 3 in the City Auditorium, using as guest speakers several physicians appearing on the scientific program of the American Medical Association. The Council feels that it is unwise in general to have meetings of other associations held at the same time that one of the official sessions is in progress. Arrangements, therefore, were made to have this meeting on the evening of Dec. 4 when no meeting of the American Medical Association was taking place.

NEW YORK ANNUAL SESSION, 1953

Dr. J. Stanley Kenney, Chairman of the Local Committee on Arrangements for the New York Annual Session, attended the meeting of the Council in Denver on Dec. 1. The General Scientific Meetings will be held all day on Monday, June 1, with a half-day session on Friday, June 5. The section meetings will take place on Tuesday, Wednesday, and Thursday, June 2 to 4. At the meeting on Friday morning, June 5, the Council plans to

V 1
195

hold a discussion on "Recent Advances in Medicine and Surgery," with a panel of six or eight experts. A question and answer period will be included in the three hour program, a unique feature for a general program at an American Medical Association meeting. Other features of the meeting in New York will be an attempt to correlate the programs of the General Scientific Meetings and the section meetings with the television and motion picture presentations. It may not be possible to carry out this idea completely in New York on account of space restrictions. Sections must meet in various hotels. Rooms are not available for question and answer presentations in the Grand Central Palace, and other popular features will have to be restricted. A further expansion of these plans, however, will be possible at subsequent annual meetings in San Francisco and Atlantic City.

The following officers were appointed for the Session on Allergy to be held in the Section on Miscellaneous Topics:

Co-Chairmen: Walter S. Burrage, Boston.
John W. Thomas, Richmond, Va.

Secretary: Alan G. Cazort, Little Rock, Ark.

ST. LOUIS CLINICAL SESSION, 1953

Dr. Llewellyn Sale Sr., St. Louis, Chairman of the Local Committee on Arrangements for the St. Louis Clinical Session, attended the meeting of the Council on Dec. 1 in Denver. Arrangements were made for a Clinical Session similar in nature to the meetings held in Los Angeles and Denver but with a fewer number of topics to be considered owing to restricted space in St. Louis. A television program is being arranged, and the Council looks forward to a successful meeting. The Council also noted with pleasure that the St. Louis Medical Society will not have a postgraduate assembly in 1953 prior to the Clinical Session. The Council voted to request the St. Louis Medical Society to cooperate in the Clinical Session of the American Medical Association and suggested that they be recognized in the official program.

MEETINGS IN 1954

Plans are already made in part for the San Francisco Annual Session in June, 1954, and the Miami Clinical Session in December. The Chairman and one member of the Council on Scientific Assembly visited Miami a month ago and found the arrangements there for a clinical session satisfactory. The meetings can be held under one roof at Dinner Key, where there is an excellent auditorium large enough to accommodate the entire Scientific Assembly and exhibits, a good restaurant adjacent to it, and adequate parking space. The newly constructed Mercy Hospital nearby has suitable facilities for television. Available also in Miami are the resources of the County Hospital, where clinical facilities are adequate.

Report of Reference Committee on Sections and Section Work

Dr. C. C. Sherburne, Chairman, submitted the following report, which was adopted:

Your reference committee studied the report of the Council on Scientific Assembly including the supplementary report made to the House of Delegates, Dec. 2, 1952. The reference committee commends the Council on Scientific Assembly on its wide scope of activities and accomplishments. The actions of the Council regarding transcription of portions of the scientific program, also the discouraging of meetings of other associations when official meetings of the Clinical Session are in progress were commended. It was called to the attention of the reference committee that there has been an apparent decline in attendance at section meetings. After discussion with members of the Council on Scientific Assembly, your committee feels that the Council is cognizant of the changing trends and is making appropriate study and plans to solve this problem.

Report and Supplementary Report of Council on Medical Service

Dr. Elmer Hess, Chairman, presented the report of the Council on Medical Service (see THE JOURNAL, Nov. 1, 1952, pages 933-939) and the following supplementary report, which were referred to the Reference Committee on Insurance and Medical Service:

To the Members of the House of Delegates:

As a standing committee of the House of Delegates the Council on Medical Service has, in past years, reported at both the annual and interim sessions. However, in accord with present policy of the House, regular reports are now made only at the interim session. In the Council's report for 1952 the activities of the Council and its seven committees are reviewed. The Council at this time invites the attention of the delegates to several matters discussed in the report.

First, you should be aware that the enrollment in voluntary health insurance has now surpassed even our most optimistic hopes of six or seven years ago. According to the last estimates available, over 90 million persons will be protected by some form of voluntary health insurance by Dec. 31, 1952. While voluntary health insurance enrollment has been most satisfactory, it is becoming more and more evident that much remains to be accomplished in providing more adequate benefits and in reaching special segments of the population. In this regard the implementation of the Standards of Acceptance approved by the House of Delegates in December, 1951, may well bring about improvement in plan coverage. All plans which have been awarded the Seal of Acceptance are now being reviewed in the light of the implemented standards.

Secondly, much progress is evident in the organization of effective state physician placement services and in the expansion of the American Medical Association's Placement Service activities so that by their combined efforts the physician distribution problems may soon be reduced to a minimum. Field studies of placement service operation in five states were carried on during the past summer, and descriptive reports will appear in THE JOURNAL soon after the first of the year.

Thirdly, the indigent medical care problem is being attacked with realism and intensity. Twelve studies of local programs have been completed, and descriptions of six of these have already appeared in THE JOURNAL. The report of the Council contains a list of "Guides for Evaluating Indigent Medical Care Plans" offered to the House of Delegates for review. Since the preparation of the Council report, conferences with representatives of the Council on Medical Education and Hospitals have brought forth a number of suggested changes in these "Guides." These changes, arising primarily from possible implications of prepayment plans as applied to the indigent, are of sufficient importance to lead the Council to request that the House of Delegates defer consideration of the "Guides for Evaluating Indigent Medical Care Plans" until the annual session in June, 1953, at which time a revised draft will be submitted to the House.

Fourthly, the Council believes that the delegates will be particularly interested in the activities carried on during the past year in regard to the United Mine Workers medical-hospital program. A brief description of the survey made and the resultant conference of state and U. M. W. A. representatives in Charleston, W. Va., appears in the annual report. The survey team plans further work with each of the state associations concerned, and a second conference is to be held next May.

Fifthly, because of the widespread interest in direct service plans, particularly the so-called Union Health Centers, the Council on Medical Service and the Council on Industrial Health have undertaken a joint study of the organization and operation of such programs.

Sixthly, it is certainly worthy to note here before the House of Delegates that the response of the state medical associations to the recommendation of the House made in 1949 that all constituent associations have committees to hear complaints from the public, has been fulfilled. All state associations now have established some formal manner for hearing such complaints. At the same time it should also be noted that over 600 county medical societies now have emergency call plans. Almost 90 per cent of the cities with over 300 physicians and 75 per cent of the cities with from 200 to 300 physicians have such plans.

In addition to these items contained in the report, the Council would like the delegates to know that studies are under way concerning multiphasic or multiple screening programs and regional hospital programs. Reports on both of these aspects of medical service will be made at a later date.

Finally, the Council on Medical Service wishes at this time to pay tribute to the members of its committees for their contribution in making the Council's ever-increasing number of studies and reports possible. All but one of the seven committees was active during 1952, and the 37 members serving on these committees gave unsparingly of their time, often at considerable personal sacrifice.

Report of Reference Committee on Insurance and Medical Service

Dr. Carlton E. Wertz, Chairman, presented the following report, which was adopted:

Your reference committee has reviewed the report and supplementary report of the Council on Medical Service and wishes to direct the attention of the House of Delegates and all members of the American Medical Association and its constituent associations to the vast scope of the activities of this council. The Council was organized in 1943, and each year since then its work has become more and more important and covers practically all phases of medical service to the people of the United States. The functions of the Council are clearly outlined in Chapter X, Section 4, of the Bylaws of the Association. The Council is given a wide range in which to operate.

The report of the Council and its activities for the year are most creditable, and your committee wishes to direct your attention to some of the accomplishments mentioned in the report. The Committee on Prepayment Hospital and Medical Service has noted great gains in enrollment in voluntary health insurance, but it also has stressed that much remains to be done in providing more adequate benefits and in reaching all segments of the population. The indigent medical care problem is being given careful and intense study. Your committee agrees with the request of the Council that the House defer action at this time in considering the "Guides for Evaluating Indigent Medical Care Plans." The fact that all state associations have now established some formal method for hearing complaints from the public is a real accomplishment, and your committee wishes to commend the state associations for their accomplishments in meeting the recommendations of the House within such a short period of time. The Committee on Extension of Hospitals and Other Facilities is to be commended for the progress being made in the work of the Physicians Placement Service. The Committee on Maternal and Child Care has devoted considerable time and study in regard to the problems concerned with efforts to enact a new federal program similar to the E. M. I. C. of World War II. This study is continuing. The Committee on Medical Care for Industrial Workers has had a very active year, and its work with the Council in the survey of the U. M. W. A. medical-hospital program is a forward step of importance. We believe that the recommendations made by the Committee should be endorsed. Your reference committee also concurs with the plan for a second meeting on this subject next spring. The study of the direct service plans, particularly the so-called union health centers, will be helpful to the plans and the medical profession.

Your committee commends the Council, its committees and staff for the many and varied accomplishments of the past year and recommends that the Council publicize its activities more widely to all state and county medical societies. It further recommends that the Council consult with the Public Relations Department in presenting this material in popular publications to both the public and the medical profession.

Report of Council on Constitution and Bylaws

Dr. Louis A. Buie, Chairman, presented the report of the Council on Constitution and Bylaws, which was referred to the reference Committee on Amendments to the Constitution and Bylaws.

The Vice Speaker ruled that the changes in the Constitution and Bylaws indicated in the mimeographed copies distributed to the members of the House, which did not involve changes in policy, would be presented "by title" and eligible for action.

The House of Delegates at the June, 1952, meeting adopted the following report of the Reference Committee on Amendments to the Constitution and Bylaws:

> Your reference committee has come to realize that our Bylaws have during the course of years become rather complicated with sections, subsections, and sub-subsections, almost ad infinitum, using Roman and Arabic numerals, capitals and small letters with or without parentheses. Now that the major task of covering the intent and purpose has been accomplished, it recommends to the Council on Constitution and Bylaws a thorough re-study of the structure of the Constitution and Bylaws, with the idea of simplifying it.

In accordance with this recommendation, the Council on Constitution and Bylaws has carefully reviewed the Constitution and Bylaws and has made numerous changes to accomplish the streamlining suggested. It is the opinion of the Council that these changes will facilitate its use. Mimeographed copies of the Constitution and Bylaws which include the changes made have been distributed to the members of the House of Delegates.

The Council recommends certain changes in the Constitution and Bylaws. These alterations warrant specific consideration by the Reference Committee on Amendments to the Constitution and Bylaws and the House of Delegates. The following is an itemized list of the changes recommended by this Council: (*Note:* The identifying page, line, section, and chapter numbers refer to the corresponding pages, sections, lines, etc., in the mimeographed Constitution and Bylaws.)

AMENDMENTS TO THE CONSTITUTION

(1) Delete the word "elected" in the first sentence of Section 2, Article 6 (page 3) and substitute the word "selected." Also add "as provided in the Bylaws" after the word "Assembly" in the third line of the same sentence.

These changes will eliminate the conflict between this section and the third paragraph of Section 1(D), Chapter IX, Division Three of the Bylaws (page 22). The question of whether this is a change of policy or not is not clear to the Council. It therefore refers the decision to the House of Delegates.

AMENDMENTS TO THE BYLAWS

(1) In Chapter I, Section 1, Division One, line 6 (page 9) add "in the jurisdiction of which he conducts his professional activities" after "association."

(2) In Chapter I, Section 4, Division One, (page 11), add to the end of the final sentence of this section "but shall not receive any publication of the American Medical Association except by subscription" after the word "office."

(3) In Chapter I, Section 5, Division One (page 11) add to the end of the final sentence of this section "and shall not receive any publication of the American Medical Association except by subscription" after the word "dues."

(4) Add "begun but" in the second paragraph of Chapter IX, Section 1(C), Division Three, (page 22) after the word "has" in line 3, so that the sentence will read: "Any delegate or alternate who was elected or appointed in accordance with these Bylaws, and who at the time of apportionment has begun but not completed the term for which he was duly elected or appointed shall be permitted to complete such term as delegate or alternate."

(5) In Chapter IX, Section 2 (B), Division Three, (page 23), add after "Bureau head" the last sentence taken from Chapter IX, Section 3 (E) (page 25).

(6) Add "original" in the first sentence, second paragraph of Chapter XI, Section 10, (A), (page 29), and delete "and Chapter IV" in the third line of this same sentence, so that the sentence now reads: "The Council shall have original jurisdiction in (a) all questions involving Membership as provided in Division One, Chapter I, Section 1 of the Bylaws; . . ." This change is recommended in order to clarify the jurisdiction of the Judicial Council. The addition of the word "original" is self-explanatory, since the areas of jurisdiction described in this paragraph are all "original" in nature except those in subsection (a) referring to Chapter IV, where original jurisdiction is not always required. The reference to Chapter IX has been eliminated so as to avoid conflict and permit the use of the word "original," which is needed in questions involving membership.

(7) Delete Section 8, Chapter XV, (page 39). The Council makes this recommendation on the basis that this section is unnecessary.

(8) Delete in Section 1, Chapter XVI, (page 40) the second sentence beginning "The Vice President" and ending "meetings of the Board." The Council believes that the Board of Trustees should have the privilege of inviting whatever officers or other persons it wishes to be present at its meetings.

(9) Add "vice chairman" after "chairman" in Section 2, Chapter XVI (page 40).

(10) Delete the words "and all matters referred to it by the House shall be reported on within twenty-four hours, if so requested by the House," Section 3, Chapter XVI, final sentence (page 40). The Council recommends deletion because this clause is unnecessary.

(11) Delete Section 2, Chapter XVII (pages 42-43).

Delete "Committee on Distinguished Service Award" in the first sentence of Section 2, Chapter XVII (page 43) and substitute "Board of Trustees." Substitute "Board" for "Committee" in the following sentence, and delete the remainder of the paragraph beginning "and shall submit . . ." Delete the first sentence of the second paragraph, Section 2, Chapter XVII to the word "and." Delete the phrase "of the findings of the Committee" in the same sentence. Section 2, now one paragraph, will read: "Any Member of the Association may submit to the Board of Trustees not less than two months in advance of the next annual session the name of any Member for consideration for the award. The Board shall consider, on the basis of meritorious services in the science and art of medicine, the eligibility of nominees so submitted, and shall select from the list three Members, presenting their names, together with a brief statement with respect to each nominee, to the House of Delegates. . . ."

This recommendation for the elimination of the Committee on Distinguished Service Award is made by the Council on Constitution and Bylaws because it is the opinion of the Council that this Committee is unnecessary and that its function can be better carried out by the Board of Trustees.

(12) Delete Chapter XXII, which is obsolete.

MATTERS REFERRED BY HOUSE OF DELEGATES

Several other matters were referred to the Council on Constitution and Bylaws at the June, 1952, meeting of the House of Delegates.

(A) A Resolution on Reevaluation of Principles of Medical Ethics, introduced by Dr. George Turner, Texas, was adopted, directing the Council on Constitution and Bylaws to study and evaluate the present Principles of Medical Ethics and report to the House of Delegates its recommendations. The Council reports at this time that it is undertaking a carefuly study of the Principles of Medical Ethics but that the work has not progressed sufficiently to warrant a report to the House of Delegates at this time. A program is now under way which the Council hopes will improve the Principles of Medical Ethics for the medical profession in general and the Judicial Council in particular.

(B) The Board of Trustees suggested that it be authorized to appoint a committee to stimulate uniform types of membership in the constituent associations. The Board of Trustees has referred this project to the Council on Constitution and Bylaws, which is making a study of the different types of membership in the constituent associations.

(C) The Resolution of Dr. John J. Curley, Massachusetts, on Emergency Seating of Alternate Delegates was considered at the June, 1952, meeting and action on it was deferred pending amendment of Section 2, Article 6, of the Constitution. That portion of the report of this Council recommending amendment to Section 2, Article 6, whereby the word "elected" will be changed to "selected" should solve the problem raised by the reference committee, and, when adopted, will permit further consideration of the Resolution on Emergency Seating of Alternate Delegates.

(D) The Council has reviewed the problem of the Judicial Council as an appellate body and has decided that the present wording in the Bylaws, Chapter XI, Section 10, paragraph (3), should be retained.

Report of Reference Committee on Amendments to the Constitution and Bylaws

Dr. Warde B. Allan, Chairman, presented the following report, which was adopted:

The third and final report referred to your reference committee was that of the Council on Constitution and Bylaws. Your committee recognizes the tremendous volume of work and thought put into the changes in the Constitution and Bylaws. These changes are, for the most part, editorial and changes in format rather than any change in policy. Your reference committee is prepared to go through the Constitution and Bylaws that each member has and enumerate the above-mentioned changes, if it is desired by the House. Your committee accepts these editorial changes and has added some editorial changes of its own, in conference with members of the Council on Constitution and Bylaws, a legal representative of the headquarters office of the Association, and the Secretary's office.

One specific change that your reference committee calls your attention to deals with the Committee on Distinguished Service Award. It accepts the recommendation of the Council on Constitution and Bylaws that such a Committee need not be appointed annually and recognizes the ease of the mechanism of selection as suggested in the Council's report.

Your reference committee recognizes the work done on the Principles of Medical Ethics and accepts the progress report.

The chairman of your reference committee wishes to thank Dr. Buie, the Chairman of the Council on Constitution and Bylaws, and Dr. Leo Schiff for their invaluable advice given to your reference committee. It is also appreciative of the members who appeared before the committee, and the chairman personally wishes to thank the members of the committee for their invaluable service.

Statement on Behalf of Dr. E. L. Henderson by Dr. John W. Cline on Termination of Activities of Coordinating Committee

Dr. John W. Cline, Past President, presented the following report, which was adopted unanimously, without referral to a reference committee:

Mr. Speaker, Members of the House: Dr. Bauer mentioned to you the fact that Dr. Elmer Henderson is ill. Dr. Henderson's condition has undergone considerable improvement, but he was still too weak to attend this meeting. He therefore asked me to present for him a brief report to you concerning the termination of the activities of the Coordinating Committee and some ideas which he himself has in mind. In two telephone conversations with him, he asked me to point out that were he here he would preface his remarks by stating that he was a life-long Democrat, that his grandfather and, I believe, seven uncles served in the Confederate Army, that he is still a Democrat but not the type of Democrat who puts party ahead of country. He therefore turned in his resignation from the Coordinating Committee last August and requested dissolution of that committee so that he and certain other members of the committee would be freed from certain activities with which you are all familiar. He asked me further to express his compliments to the House of Delegates and through you to the profession and to the Woman's Auxiliary, both national and state, and to the state medical associations and county medical societies for the tremendous effort which has been put forth in the past four years. He was particularly grateful for the loyalty, the vigor, the determination, and the effectiveness of your activity in supporting the programs of the American Medical Association to which he supplied leadership.

In thinking back over the past four years, he wanted to stress that the battle of this period beginning four years ago in St. Louis was nonpartisan. It was based on the principles of individual dignity, freedom, opportunity, and incentive as contrasted with the stultifying influence of socialism, not only socialized medicine but socialism in general. It is his opinion that this campaign which he so ably carried on and which your colleagues throughout the country so ably carried on, with the assistance of the Auxiliary, resulted in awakening a very large segment of the population of this country to the importance of basic Americanism, and, through you and the medical profession, leadership was furnished to other groups which resulted in much greater activity on the part of these groups, culminating finally in the election on Nov. 4, which he describes as a reissue of the Declaration of Independence. He believes that this was not a partisan victory but a triumph for basic Americanism and the verdict of the American people has been unmistakably clear. He wishes to thank all of the physicians of the country for their efforts in bringing about that change.

He points out that General Eisenhower's stand with reference to socialism in general and socialized medicine in particular is unequivocal and clear and that this is really the culmination

of the battle of four years, but that it is only one battle in the general war against socialism, and that, as far as we are concerned, the greatest danger at the present time is complacency on the part of the profession, the feeling on the part of the individual members of the profession that the battle is now over, that the war has been terminated.

I would recall to your minds the history of 1946 and 1948. In 1946 we heard a prominent spokesman of this Association say that socialized medicine was as dead as a dodo. In 1948 medicine faced the greatest crisis in its entire history. There is still much to do, and we have four years in which to do it. You heard your President outline splendidly today many of the things which must be done, and those are things which Dr. Henderson also had asked me to call to your attention, but, inasmuch as the President has done so, I shall mention only a few of them. Dr. Henderson feels that it is particularly important that we make it perfectly clear to the people of this country as an Association that we are willing to cooperate with all elements of government and all of the bodies in proper and legitimate medical programs and that in cooperation with the government it should be understood that we wish to improve the medical care provided under legitimate governmental programs and effect economies both in manpower and in money, and that we must pursue the sound public relations program which has been inaugurated. As individuals, not as members of the American Medical Association but as individual physicians, and through you to other physicians in your home community, he wishes to urge a continuing interest in politics and affairs of government.

There were 14 new Senators, and I do not know how many but numerous new Congressmen. Each one of these is desirous of the opinions of his constituents. The most competent opinion on matters dealing with medical care and health comes from the medical profession. Dr. Henderson therefore requests that the physicians in each congressional district seek out their Congressmen, regardless of party and regardless of any stated previous convictions, and offer them the help of the physicians of the community in which they reside, to guide them in matters pertaining to health and medical care. He also thought it was important that they be made to understand that the program of American medicine is sound, progressive, and humanitarian, and that the goal of medicine is to supply the best medical care for all of our people.

He furthermore believes very firmly that if we do these things and such others as may appear to be necessary along the line, we may well rid ourselves of the dreaded socialized medicine forever. He warns that the socializers never rest, that they look on this as a setback, a defeat, and that they probably have gone into their holes, or will do so, awaiting another opportunity to spring out with their socialistic proposals. He says if we do not keep alert and active and be progressive in our efforts to preserve American principles and to improve our service to the people in all ways, we may face a long-time struggle, such as the world situation is now, with the free world against communism.

Now is a great opportunity for us to capitalize on the victories which we have won, and I am certain that if this House were to take action and to inform Dr. Henderson in the telegram which it has already ordered to be sent to him, that this House of Delegates approves of the principles and the ideas he has advanced and agrees that its members will do what they can to see that those ideas are spread throughout the county on their return home, I am sure it would hasten his convalescence.

Report and Supplementary Report of Committee on Blood Banks

Dr. Herbert P. Ramsey, Co-Chairman, presented the following report and supplementary report of the Committee on Blood Banks, which were referred to the Reference Committee on Hygiene and Public Health:

1. *Procurement of Blood for Defense and Civil Defense:*—As of Sept. 28, 1952, since Dec. 1, 1950, 3,407,193 pints of blood had been forwarded for defense and civil defense purposes. Of this amount, 2,787,178 pints had been collected by Red Cross regional and defense centers and 620,015 pints by contracting independent blood banks. During the year 1952, nearly all of the immediate primary allocation of plasma to the Defense Department will have been reached and the allocations to civil defense will have started; civil defense will require 1,300,000 units of plasma in the current fiscal year. To get sufficient donors for this latter objective, all of the publicity media of the country have again joined up through the efforts of the Advertising Council, Inc. The Subcommittee on Blood, Office of Defense Mobilization, is guiding this and about Sept. 1 issued a "Publicity Manual" giving advice to be used in the donor campaign. Barring enemy attack or extension of our war activities it is estimated that the high level of blood procurement must be maintained throughout 1954 and possibly 1955. If fortuitous circumstances develop in that time, the end of high level blood procurement cannot now be forecast. The 1952 summer decline in donor procurement was not quite as great as anticipated. On Nov. 15, 1952, blood for defense was being procured through 46 Red Cross centers, 15 Red Cross defense centers, and 23 cooperative independent blood banks under contract, with contracts for six more in process (total 29).

2. *Civilian Blood Procurement:*—We do not have figures on total blood procurement as of this time. We are aware that civilian blood procurement and utilization have increased since our 1949 survey. It is estimated that Red Cross alone will, in 1952, have procured for civilian use in excess of 1,500,000 pints of blood. Combined with that from all other blood banks in the United States and possessions the grand total for 1952 is estimated at between 3.5 and 5 million pints for civilian needs.

The following questions were included in the schedule for the 1952 Annual Census of Hospitals sent out by the Council on Medical Eduaction and Hospitals:

1. Do you bleed donors and store whole blood for undetermined later use? You should check "No" if stored *only* for specified patients, such as overnight storage for surgical patients. 1a. If "Yes," how many of these units were procured directly from donors bled anywhere in your hospital last year?

2. How many units (500 cc.) of whole blood from all sources were administered in your hospital last year? 2a. Of this amount, how many units were administered in immediate transfusions without storage of blood?

3. Last year, how many units of whole blood did you obtain from: a) Other hospital blood banks, b) Nonhospital blood banks, c) Red Cross regional blood centers?

4. Specify the average stock of whole blood on hand.

The information obtained will be analyzed in time for the report of June, 1953.

3. *National Blood Program, Integration and Coordination:*—The Committee on Blood Banks, when established by the American Medical Association, was given the responsibility of assisting in the coordination of the Red Cross program and the independent blood bank programs nationally. The contracts awarded by the federal government to the Red Cross charged the Red Cross with responsibility for coordination of blood collecting facilities. With the establishment of the Subcommittee on Blood, Office of Defense Mobilization, the over-all allocation of "critical" blood and blood derivatives to civilian and defense uses became their responsibility, and along with that went official responsibility for coordination of blood programs to the end that all national needs may be met. Dr. G. D. Cummings, Chairman of the Subcommittee on Blood, Office of Defense Mobilization, made the following statement: "The Subcommittee on Blood, Office of Defense Mobilization, was established to facilitate meeting the mobilization needs of the Federal Government for blood and blood products without duplication or conflict of effort among the various Federal agencies involved, and without detriment or interference with the operation of civilian blood banks."

The three groups mentioned above have worked together closely and at all times. These groups have also maintained close liaison with the Department of Defense, the Federal Civil Defense Administration, and the U. S. Public Health Service.

Sweet reasonableness has not always characterized the dealings between certain county medical societies and the Red Cross. The American Medical Association reaffirms the statements it made in June, 1952, as follows:

The principle of county medical society endorsement agreed to by the Red Cross should apply also to other blood programs. So-called "service areas" involve at times more than one county and even more than one state. No blood procurement program, no matter by whomsoever operated, should enter a county or state without such county medical society approval.

Conversely, physicians of a county medical society should be free to exercise their judgment in the premises without undue pressure from special pleaders from elsewhere. Furthermore, efforts should be made to avoid friction in borderline areas between two existing blood programs. In these areas cooperative and mutually satisfactory understanding must be had.

Blood program agreements entered into between county medical societies and the Red Cross should be scrupulously honored by both the contracting parties. It would be unfair to the contributors to Red Cross funds to terminate arbitrarily an agreement, predicated upon which the Red Cross had made local capital investments and otherwise carried out its agreement, without providing for indemnification of the capital loss incurred by the Red Cross by the abrogation of the contract. Furthermore, in the public interest no such agreement should be terminated unless it be demonstrable beyond doubt that the community and national supply of blood will be in no way adversely affected by the change.

Any changeover found necessary must be made smoothly and without any interruption or even temporary diminution of the flow of blood both to civilian and to defense channels. Patriotism and national interest demand no less. No county medical society should render a Red Cross agreement inoperative unless the community can pay for the capital loss thus sustained by Red Cross. Furthermore, mutual agreements within the same region may at times be indicated as long as unhealthy competition for donors is kept out of the picture. The position before the public of both county societies and the Red Cross and its chapters is seriously threatened in those few areas where open disharmony has taken the place of joint planning and understanding.

In the field of national publicity attention should be directed to the stupendous accomplishment of the Advertising Council, Inc. Up to now space and time has been made available, estimated to be worth 20 million dollars at current advertising rates, for the purpose of interesting the public in giving blood. This advertising program now continues under the renewed impetus of civil defense needs. Tribute is due the Advertising Council, all advertising media, and American business generally for this outstanding contribution.

The National Research Council's Committee on Blood and Related Problems has stimulated and coordinated research along a number of lines. Among them are (1) search for a uniform anticoagulant which may be used for blood intended either for use as whole blood or for reduction to plasma; (2) search for an effective and safe method of sterilizing plasma, and (3) further standardization of donor sets and administration sets. These activities are much needed and the Council is to be commended. Redoubled efforts in these researches are recommended.

4. *Blood Fractions:*—This portion of the report will follow in a supplementary report.

5. *Blood and Plasma Expanders:*—Dextran and p.v.p. (polyvinylpyrrolidone) are still regarded as of value in emergency shock treatment but only where the more valuable and effective plasma and serum albumin are unavailable. This is the opinion of both the Department of Defense and the Federal Civil Defense Administration. In setting up civil defense reserves, in addition to the 1,300,000 units of plasma mentioned above, civil defense will stock an equivalent amount of these expanders.

6. *State Committees:*—The organization of State Committees on Blood is being actively encouraged. Recently, questionnaires were sent to the 42 states in which some form of committee exists or which have expressed interest in the matter. The information respecting the structure and activities of these committees will materially assist our work and will be analyzed and digested for the House of Delegates. The recommendations concerning the structure and functions of such committees have been spelled out in previous actions of the House. In the near future the Committee on Blood Banks will issue a leaflet embodying recommendations on state committees. In general, however, since interest in blood, as in drugs, extends to all physicians in practice, state committees, as well as any other committees on blood, should not be dominated or controlled by those who operate blood banks, but representation, of course, should be afforded to them on such committees. No matter in what direction our future planning may lead (see 7 below), state committees will become an important planning unit, and that is one reason their organization is now being encouraged.

7. *Planning for the Future of the National Blood Program:*—While under the present "emergency," coordination of the National Blood Program is a function of the Office of Defense Mobilization, future planning contemplates setting up a structure or commission which will not be governmental except that it will probably embrace representation from necessarily interested government agencies. Conversations on this subject have commenced between representatives of the American Medical Association and the Red Cross looking toward a feasible means of accomplishing the objective mentioned above. Other organizations and agencies are about to be invited to assist in developing the basic concept of such a plan. The American Medical Association favors the development of a voluntary agency in this field.

8. *Committee on Blood Banks:*—The office of the Committee is located in the American Medical Association Washington Office, 1523 L Street, N.W., Washington 5, D. C., and the secretary of the Committee is Dr. F. E. Wilson. All correspondence should be directed to this address. The Committee recommends that its name be shortened to the "Committee on Blood."

SUPPLEMENTARY REPORT

Omitted from the main report was Section 4 on Blood Fractions, which follows:

As noted last June, further experiments to determine whether gamma globulin had protective value against the paralytic phase of poliomyelitis were carried out this past summer by Dr. William McD. Hammon and associates under grants from the National Foundation for Infantile Paralysis. Three preliminary reports of these studies were published in THE JOURNAL (150:739-760 [Oct. 25] 1952). It was demonstrated that the gamma globulin used, in the dosages employed, reduced significantly the number of cases of paralysis demonstrable in the treated groups as compared with the untreated group in the three epidemic areas studied. It was shown that the most significant findings were confined to cases occurring from one to five weeks after the protective injection and that, hence, the relative passive immunity conferred was not of long duration. Numerous conferences throughout the summer brought out the speculation that, although this type of immunity is not the final answer to poliomyelitis, a very large public demand for its use might be anticipated in 1953 as the polio season got under way. The fact that sufficient gamma globulin to meet this demand cannot possibly be met in 1953 poses a problem of major proportions.

A glance at the figures might be enlightening. It is estimated that the gamma globulin needed for the average dose used in the experiments (7 cc. of 16% solution), were it to be given annually only once to the 40 million children under 15 years of age, would require about 40 million bleedings of whole blood per annum. Total bleedings for all purposes, defense and civilian, in 1952 will probably not exceed 6,500,000. No estimate of the potential need in the age group 15 years and over is taken into account in the above figures. Actually, no such astronomical need can develop, but practical thinking will still suggest a very heavy demand even if its use be confined to the most serious epidemics of 1953. Fractionation capacity for gamma globulin in all plants is now being about one-third utilized. If totally used, probably less than 1,500,000 such doses could be produced.

After a series of conferences through the summer of interested agencies and national organizations including the American Medical Association, it was recommended that the Division of Medical Sciences of the National Research Council advise with the Subcommittee on Blood of the Office of Defense Mobilization on the subject of gamma globulin for this purpose. An *ad hoc* committee was set up by the Division, and in October it made the following recommendations to the office of Defense Mobilization:

1. The preliminary scientific evidence presented indicates that the administration of gamma globulin has limited prophylactic value from the end of the first week through the fifth week after it has been injected. The Division reserves any further judgment pending the availability of final clinical follow-up examinations and of the results of pertinent laboratory studies.

2. From the scientific point of view, it is felt that gamma globulin does not provide a practical solution to the problem of the prevention of paralytic poliomyelitis. The most promising field of investigation definitely appears to be the development of a polyvalent vaccine.

3. From the practical point of view, while every reasonable effort should be made to provide adequate amounts of gamma globulin, as an interim measure, for minimal estimated epidemic needs for poliomyelitis in the coming season, primary consideration should be given to the requirements

of the armed services and of civil defense for whole blood and its derivatives and of gamma globulin for the prophylaxis of measles and infectious hepatitis.

4. Attention is called to the fact that present production of gamma globulin is but a small fraction of the minimal epidemic need for poliomyelitis alone, as estimated by the National Foundation for Infantile Paralysis. This fact emphasizes the urgent need to increase the rate of fractionation of human plasma as rapidly as possible.

The problem raised by the high incidence of serum hepatitis following the use of plasma has engaged the attention of all concerned. Ultraviolet irradiation has not accomplished the objective of eliminating this hazard. Human serum albumin, properly prepared, does not transmit serum hepatitis and in proper solution is thought to be as effective as plasma in the treatment of shock. Considerations such as these, coming at the time that the gamma globulin problem is in the focus of attention, appeared to be a partial answer to both problems in that plasma may be fractionated to serum albumin, gamma globulin, and other derivatives.

The following recommendations about serum albumin were contained in a report of the Division of Medical Sciences of the National Research Council to the Office of Defense Mobilization, Oct. 19, 1952:

(*a*) That efforts to find procedures which will sterilize blood and plasma, without serious modification of the physiological characteristics of these two fluids, be continued.

(*b*) That, in the meantime, pooled human plasma be used in treatment only in emergency situations where no other approved plasma substitute is available.

(*c*) That the fractionation of plasma for the production of albumin, gamma globulin, and other products be increased promptly, to the limit of the existing fractionating facilities of the country, by diverting to fractionation some of the plasma currently being produced for stockpiling. It is estimated that this will require the diversion of 25 to 40% of current plasma production. The plasma procured for fractionation should not be irradiated.

(*d*) That encouragement also be given to the expansion of existing fractionating facilities with due consideration for the needs of military and civilian medicine for whole blood and for the important therapeutic fractions of whole blood.

In view of the inevitable discrepancy between supply and demand of gamma globulin, it is understood that there will be set up in the near future an allocating authority which will have the responsibility for conserving the available supply by reserving its use to the places and times of the greatest need. This allocating mechanism will be reported on when it has been perfected.

In view of the fact that the foreseeable supply of gamma globulin in 1953 cannot possibly meet more than a fraction of the potential demand for that product, the American Medical Association urges understanding and willing cooperation with the allocating mechanism on the part of physicians, health officers, pharmaceutical companies, and pharmacists to the end that the over-all interest and needs of the American public may not be undermined by the sapping away at local levels of this critical human resource.

Report of Reference Committee on Hygiene and Public Health

Dr. W. L. Benedict, Chairman, submitted the following report, which was adopted:

Your reference committee has reviewed the report of the Committee on Blood Banks and realizes the large field of activity involving many different organizations with different rules and regulations. It feels that the committee is doing an excellent work to iron out the many problems that are presented to it.

Your committee would like to stress the fact that with the establishment of the Subcommittee on Blood, Office of Defense Mobilization, Dr. G. D. Cummings, Chairman, the over-all allocation of critical blood and blood derivatives to the civil and defense uses becomes a responsibility of this committee. However, the subcommittee is not in any position to adjudicate any dispute among federal agencies involved nor disputes that may occur in the operation of civil blood banks.

At the request of Dr. L. W. Larson, and with the approval of other members present, the committee decided to change the wording of the sentence in the paragraph immediately following the quoted action of the American Medical Association in Section 3 which began, "No county medical society," to read as follows: "If there is mutual agreement between county medical societies and the Red Cross that a Red Cross center shall be discontinued, then some equitable understanding shall be arrived at concerning the vested interests of the Red Cross." Your committee wishes to stress the fact that 42 states have some form of committee on the Blood Bank program. Your committee wishes to insert two words in the final sentence of Section 7, so that the sentence will read: "The American Medical Association favors, if practicable, the development of a voluntary agency in this field."

The Committee on Blood Banks requested that thanks be extended to two members who have served their allotted time on this committee, Drs. James Stevenson and James Q. Graves, in appreciation of their services during their tenure on the committee.

The supplementary report of the Committee on Blood Banks, which deals with the use of gamma globulin in the protection against the paralytic phase of poliomyelitis, was read with great interest. It was brought out at this conference that there are 40 million children in the United States within the age limit for the use of gamma globulin in the protection against poliomyelitis. It was also shown that one pint of blood is required to make gamma globulin to protect one child, so one can see that it is an impossible task to supply enough gamma globulin to immunize the children in the United States. It was also brought out that gamma globulin does not provide a practical solution to the problem of paralytic poliomyelitis, that it is not a complete immunization in all cases, and that today probably less than 1,500,000 additional doses can be produced. Widespread publicity to the profession and the public in the use of gamma globulin in poliomyelitis makes it hard for the practicing physician and parents having children exposed to poliomyelitis to understand why the gamma globulin is not always available, and, in our desire to immunize these children, we must not forget the fact that it is more important in the treatment of measles and virus hepatitis than the prophylaxis of poliomyelitis.

Your reference committee realizes the vast amount of work done by the Committee on Blood Banks and wishes to commend it for the excellent work it has done. It therefore approves the adoption of the Blood Bank Committee's report.

Resolution on Change in Name of Grievance Committee

The Speaker referred to the Reference Committee on Miscellaneous Business, the following Resolution on Change in Name of Grievance Committee, which had been presented to the House of Delegates in June by Dr. J. F. Shuffield, Arkansas, and which the House had voted to lay over for reference at the December session:

Whereas, The name Grievance Committee carries a certain opprobrium and might be misleading in the eyes of the public; and

Whereas, The work to be accomplished by this committee is to foster better public relations, giving the public knowledge and information that a committee exists to settle any differences that might arise between the patient and his physician; and

Whereas, The name Professional Relations Committee is readily recognized as being a committee to settle such difficulties; therefore be it

Resolved, That the name Grievance Committe be changed to Professional Relations Committee.

Report of Reference Committee on Miscellaneous Business

Dr. B. O. Edwards, Chairman, presented the following report, which was adopted:

Your committee disapproves the Resolution on Change in Name of Grievance Committee because this House cannot dictate what names state and county medical societies shall give to their committees, and further it believes that "grievance" is the word most readily understood by the laity. It recommends that the Council on Medical Service continue to study the matter of names and bring in a report to this House at the June meeting.

Resolution on Professional Liability Insurance

Dr. Herbert P. Ramsey, District of Columbia, presented the following resolution, which was referred to the Reference Committee on Insurance and Medical Service:

Whereas, The substantial increase in premium rates for professional liability insurance and the discontinuance of group underwriting by major casualty insurance companies in many parts of the country is symptomatic of an unhealthy situation; and

WHEREAS, Contributing factors are urgently in need of careful investigation; therefore be it

Resolved, That the Board of Trustees of the American Medical Association be directed to make an immediate study of the professional liability insurance situation and submit its findings to the House of Delegates at its next meeting, in the meanwhile taking such action as may be appropriate.

Resolution on Physicians' Malpractice Insurance

Dr. J. P. Culpepper, Mississippi, presented the following resolution, which also was referred to the Reference Committee on Insurance and Medical Service:

WHEREAS, Cognizance was taken of an existing inequity in the underwriting of physicians' malpractice insurance in a resolution presented during the June, 1952, meeting of the House of Delegates; and

WHEREAS, No action was taken on the resolution on the recommendation of the reference committee for the valid reason of lacking the necessary legal counsel on its several propositions; and

WHEREAS, Since the introduction of this resolution, the National Bureau of Casualty Underwriters has seen fit to recognize a uniform risk in the underwriting of physicians' malpractice insurance, and to that end has established premium rates through the several state insurance commissioners and supervisors; and

WHEREAS, There has been an over-all increase in premium rates, ostensibly based on the loss ratio experience of the companies underwriting these risks; and

WHEREAS, The aforementioned resolution undertook such an understanding before action was effected by the National Bureau of Casualty Underwriters; now therefore be it

Resolved, That the House of Delegates require a continuing study and monitoring of developments in this type of insurance to the end that the interests of the membership may be adequately safeguarded in this vital underwriting service.

Report of Reference Committee on Insurance and Medical Service

Dr. Carlton E. Wertz, Chairman, submitted the following report, which was adopted:

Two similar resolutions, introduced by Dr. Ramsey of the District of Columbia and Dr. Culpepper of Mississippi, concerning medical malpractice liability insurance were considered. Your committee agrees with the intent of the resolutions and recommends that the Board of Trustees of the American Medical Association direct the appropriate Council or Bureau to make a continuing study of the professional liability insurance situation and submit a progress report to the House of Delegates at its next meeting.

Resolutions on Disapproval of Participation in Scientific Experiments by Inmates of Penal Institutions

Dr. Harlan English, for the Illinois delegation, presented the following resolutions, which were referred to the Reference Committee on Miscellaneous Business:

WHEREAS, During recent years, numerous medical and scientific experiments and research projects have been conducted partly or wholly in federal and state penal institutions; and

WHEREAS, Volunteers among the inmates of such institutions have been permitted to participate in scientific experimental work and to submit to the administration of untested and potentially dangerous drugs; and

WHEREAS, Some of the inmates who have so participated have not only received citations, but have in some instances been granted parole much sooner than would otherwise have occurred, including several individuals convicted of murder and sentenced to life imprisonment; and

WHEREAS, The Illinois State Medical Society's delegation to the American Medical Association's clinical session wholeheartedly supports research and progress in the fight against disease but does believe that persons convicted of vicious crimes should not qualify for pardon or early parole in this manner; now therefore be it

Resolved, That the House of Delegates of the American Medical Association express its disapproval of the participation in scientific experiments of persons convicted of murder, rape, arson, kidnapping, treason, or other heinous crimes, and also urges that individuals who have lost their citizenship by due process of law be considered ineligible for meritorious or commendatory citation; and be it further

Resolved, That copies of this resolution be transmitted to the Surgeons General of all federal services, the governors of all states, all officials of state and federal penal institutions and parole boards.

Report of Reference Committee on Miscellaneous Business

Dr. B. O. Edwards, Chairman, submitted the following report, which was adopted:

Your reference committee approves the Resolutions on Disapproval of Participation in Scientific Experiments by Inmates of Penal Institutions.

Resolution on Concerted Grass Roots Action Against Socialism

Dr. Wendell C. Stover, Indiana, presented the following resolution, which was referred to the Reference Committee on Legislation and Public Relations:

WHEREAS, The unfortunate passage of HR 7800 by the Eighty-Second Congress created Public Law 590; and

WHEREAS, Section 3 of P.L. 590 creates socialized medicine for disabled social security recipients and gives Oscar Ewing or his successor full power and authority to make rules and regulations, including veto power over a physician's determination of disability; and

WHEREAS, The lobbying efforts of organized medicine failed in preventing the enactment of P.L. 590 due to insufficient grass roots information concerning Section 3 of HR 7800; and

WHEREAS, The enactment of P.L. 590 has been a serious blow to organized medicine's fight against the inferior medical care that socialization would provide; therefore be it

Resolved, That the American Medical Association should institute an educational campaign directed at its individual members by appropriate action by its House of Delegates here convened, to the end that all of our membership may be informed of the dire implications of Section 3, P.L. 590, so that they may voice their objections to the next session of Congress, and so that they can pass the information along to their patients in order that they too may express their distaste for such socialized legislation to their representatives in Washington, for the purpose of terminating that law before June 30, 1953.

Report of Reference Committee on Legislation and Public Relations

Dr. Robertson Ward, Chairman, presented the following report, which, after discussion, was adopted:

The last resolution presented to your reference committee came from the Indiana State Medical Association and referred to HR 7800 and Public Law 590. Your reference committee recommends disapproval of this resolution, because in the opinion of the committee its provisions are being accomplished.

Resolutions on Problem of Accrediting Nursing Schools

Dr. Wendell C. Stover, Indiana, introduced the following resolutions, which were referred to the Reference Committee on Medical Education and Hospitals:

WHEREAS, Our Nation finds, during these critical days, that our hospital facilities, medical services, and especially the number of nurses are in limited supply and that there is a vital need for continued local interest and support throughout every community in the State of Indiana and the other states to the end that additional well-qualified young women may be encouraged to take training in state accredited schools of nursing; and

WHEREAS, It is important to encourage such state and community organizations to continue their programs of recruiting young women for nurses training; and

WHEREAS, An important factor in so doing is the realization by parents of well-qualified young women that schools of nursing are available at no great distance from the homes of such young women desiring to take such training; and

WHEREAS, The training programs as now developed in all our state accredited schools of nursing utilize most economically the available facilities and the fine professional services of the devoted doctors who give unstintingly of their time to the training and inspiration of the nurses in these schools; now therefore be it

Resolved, By the American Medical Association that the plan for the accrediting of schools of nursing as developed by the National Nursing Accrediting Service, which is based on educational minutiae applicable to certain nurses training institutions in some parts of the United States but which is wholly inapplicable to present excellent nurses training programs in other sections of the United States, is in fact hampering and handicapping the training of the necessary number of nurses to meet present needs; and be it further

Resolved, That further effort in the direction of improvement in the training programs for schools of nursing be adopted only after a plan equally helpful to all sections of the United States has been concurred in and approved by the American Medical Association, the American Hospital Association and the American Nurses Association.

Report of Reference Committee on Medical Education and Hospitals

Dr. A. F. R. Andresen, Chairman, presented the following report, which was adopted:

Your committee was assigned a resolution presented by Dr. Wendell C. Stover of the Indiana State Medical Association on the problem of accrediting nursing schools. Your committee considered this resolution and listened to extensive discussion on the subject and wishes to offer a substitute resolution as follows:

WHEREAS, It has been brought to our attention that a critical condition now exists in many parts of the country concerning the availability of adequate nursing care for patients; and

WHEREAS, The care of the patient is the prime concern of the physician; therefore be it

Resolved, That this House of Delegates requests the Board of Trustees, through its members on the Commission for the Improvement of the Care of the Patient, to institute a comprehensive study of the nursing situation in this country as it affects the care of the patient with particular study being devoted to such subjects as:

(a) The number of nurses now available for bedside nursing;

(b) The number of nurses needed and the number now in training;

(c) The Accreditation Program for Schools of Nursing and the effect which it is having on schools of nursing, particularly those which are connected with the smaller hospitals;

(d) The exploration of the possibility of having in addition to the present period of nurse training of three years, the development of a shorter period of training;

(e) The need and desirability for training practical or vocational nurses to render bedside nursing care and the organization which should promote and accredit such schools for practical or vocational nurses;

(f) Such other problems which might arise out of this study; and be it further

Resolved, That this study, with such recommendations as may seem wise, be presented to the next session of the House of Delegates.

Resolution on Reduction in Number of Required Meetings

Dr. Wendell C. Stover, Indiana, introduced the following resolution, which was referred to the Reference Committee on Miscellaneous Business:

WHEREAS, There has been such an increase in the number of compulsory hospital staff and sectional meetings that dutiful attendance at these numerous meetings has become burdensome to the practicing physicians and to the hospitals themselves; and

WHEREAS, This actually works to the detriment of the patient by increasing the cost of hospitalization, and by requiring so much of the physician's time as to reduce significantly the time available for patient care; therefore be it

Resolved, That the Indiana delegates to the American Medical Association be instructed to petition the Association earnestly at the interim session in December to undertake early action to reduce the number of such required meetings, consistent with the best interests of the patient, the physician, and the hospital.

Report of Reference Committee on Miscellaneous Business

Dr. B. O. Edwards, Chairman, presented the following report, which was adopted:

Your committee agrees that there are too many compulsory hospital staff meetings but believes that this requires no action by this House of Delegates. It is a local matter and can be adjusted at the local level as has been done in a number of places.

Resolution on Retired Membership for Dr. John L. Loomis

Dr. R. H. Denham, Michigan, presented the following resolution, which was referred to the Reference Committee on Amendments to the Constitution and Bylaws:

WHEREAS, Dr. John L. Loomis of Muskegon, Mich., has retired from active practice and has been accorded the status of retired membership in the Michigan State Medical Society and in his component county society; and

WHEREAS, The Michigan State Medical Society and the Muskegon County Medical Society respectfully recommend and request that Dr. John L. Loomis be accorded the privilege and status of retired membership in the American Medical Association; and

WHEREAS, Dr. John L. Loomis has the qualifications required for retired membership in the American Medical Association; therefore be it

Resolved, That Dr. John L. Loomis of Muskegon, Mich., be transferred from active membership to retired membership on the rolls of the American Medical Association.

Report of Reference Committee on Amendments to the Constitution and Bylaws

Dr. Warde B. Allan, Chairman, submitted the following report, which was adopted:

It is the opinion of your reference committee that under the Bylaws, this matter would be referred for action through the secretary of the constituent state medical association in the regular prescribed manner and that no action need be taken by the House.

Resolution on Lay Speakers

Dr. Willis H. Huron, Michigan, introduced the following resolution, which was referred to the Reference Committee on Miscellaneous Business:

WHEREAS, It is difficult for the American Medical Association to be aware, without adequate consultation, of the background and local acceptability of all lay persons whom the American Medical Association might wish to use on the programs and conferences which it sponsors; and

WHEREAS, The appearance on an American Medical Association-sponsored program of a lay person gives added prestige to that person, which prestige may be embarrassing to the doctors in his resident state; and

WHEREAS, If state medical societies were freely consulted they might be of assistance in the obtaining of lay persons for American Medical Association-sponsored programs or in the provision of information regarding such persons, which information would aid the American Medical Association in the proper usage of these persons; therefore be it

Resolved, That the American Medical Association consult with and obtain approval of the state medical society of the state in which the lay person resides before inviting said lay person to appear as a participant on an American Medical Association-sponsored program or conference and, further, that this same procedure be followed for any program or conference in which the American Medical Association has the dominating influence in the selection of platform participants.

Report of Reference Committee on Miscellaneous Business

Dr. B. O. Edwards, Chairman, submitted the following report, which was adopted:

Your committee disapproves the Resolution on Lay Speakers, believing it to be unnecessary and that it would handicap the program committees if approval of lay speakers had to be obtained from state medical societies.

Resolutions on Naval and Selective Service Procurement of Physicians

Dr. A. H. Aaron, New York, introduced the following resolutions, which were referred to the Reference Committee on Medical Military Affairs:

WHEREAS, In ordering to active duty under Public Law 779 many physicians classified under Selective Service as priority 2 who have served in the Navy and have been placed in the inactive reserves after 20 months and up to 21 or more days, believing that they would not be recalled except if a state of war has been declared, and on having established civilian practices with considerable financial investment; therefore be it

Resolved, That this House of Delegates views with alarm this seemingly needless disruption of established medical careers and family lives of younger physicians twice within five years; and be it further

Resolved, That this apparently unjust procurement might spread to the general selection of physicians for the other branches of the armed services and that therefore the Board of Trustees is hereby requested to make strong representations to the Congress of the United States, especially the armed services committees of the Senate and House of Representatives, that (1) Selective Service Boards order into service those physicians who have never been in the armed forces, advising those with physical disabilities which allow them to carry on a busy practice that they can serve in hospitals at various camps and bases thus relieving nondisabled doctors for more active duty in field medical work, and that (2) the components of the armed forces plan their professional needs for 10 years and then make a fair estimate of the time a doctor should serve as his share, keep him on duty for this time, and when he is relieved assure him he need fear no further disruption of his career except when a state of war has been declared; and be it further

Resolved, That copies of this resolution be sent by the Secretary of the American Medical Association to each member of the United States Senate and House of Representatives.

Resolution on Application of Public Law 779, Utilization of Personnel in Health Fields

Dr. James Z. Appel, Pennsylvania, introduced the following resolution, which was referred to the Reference Committee on Medical Military Affairs:

WHEREAS, The House of Delegates of the Medical Society of the State of Pennsylvania authorized the appointment of a special committee to study the present and future application of Public Law 779 and the utilization of all personnel in the health fields and requested that the committee spell out proposals designed to remove any present inequities; and

WHEREAS, The special committee has conducted an intensive study of those matters within Pennsylvania and has learned of the very comprehensive and wise consideration given them by the Council on National Emergency Medical Service at the national level; therefore be it

Resolved, That the House of Delegates of the American Medical Association adopt the following matters of policy to be used in dealing with appropriate agencies, including the Congress of the United States, the National Advisory Committee to Selective Service, the National Resources Advisory Committee, the Armed Forces Medical Policy Council, the medical departments of the armed forces, the Veterans Administration, and the United States Public Health Service:

Support of legislation designed to provide the number of medical officers required to care adequately for the health needs of the military departments, to wit:

(a) Physical requirements should be realistically revised to the end that physicians with physical defects be utilized with appropriate assignment.

(b) Develop methods to encourage career personnel in military medicine and support the Armed Forces Medical Policy Council's efforts to achieve this end.

(c) Encouragement of the use of civilian doctors of medicine and civilian hospital facilities, whenever and wherever feasible, in the care of nonmilitary personnel and dependents of military personnel.

(d) Consider the total number of doctors of medicine available to various governmental agencies and for the general health needs of the nation as an irreplaceable pool of relatively fixed size which must be utilized in the most economical and efficient manner. Conditions of service in governmental agencies should be sufficiently uniform to avoid undue competition for personnel.

(e) Induction of doctors of medicine into the medical departments of the armed services should be done under an equitable point system or profile, taking into consideration:

1. Age.
2. Number of months of prior active military service; time spent in the Army Specialized Training Program or similar programs administered by the Navy and time spent in military internships should not be credited as active military service.

Resolution on Public Law 779, Doctor-Draft Law

Dr. Eugene F. Hoffman, California, presented the following resolution, which was referred to the Reference Committee on Medical Military Affairs:

WHEREAS, If the medical care of military dependents by service physicians be discontinued, it is apparent that substantially fewer physicians will be required for the armed forces; and

WHEREAS, Present estimates of physicians now available and soon to become available by graduation seem to indicate there will be no shortage of the medical personnnel required to render to our armed forces the high type of medical care to which they are entitled; therefore be it

Resolved, That P. L. 779, the doctor-draft law, need not be reenacted.

Resolution on Public Law 779

Dr. George M. Fister, for the Utah State Medical Association, introduced the following resolution, which was referred to the Reference Committee on Medical Military Affairs:

WHEREAS, The Congress of the United States, faced with the responsibility of providing adequate medical care for the expanding armed forces, and unable to meet this responsibility by various campaigns of voluntary enlistment and "moral suasion," enacted Public Law 779, a discriminatory draft law for the induction of physicians, dentists, and veterinarians into the military service; and

WHEREAS, The enactment of such a law, which singles out a single group of citizens for compulsory military service, imposes special responsibilities on those who administer it to insure equality and fairness in the distribution of the burden of military service; and

WHEREAS, Press releases and official communications from Washington indicate the possibility that certain conditions may, if not prevented, soon necessitate the recall to military service of those who have already performed their share of this service to our country; and

WHEREAS, The first of these conditions is wasteful use of medical personnel by the armed forces for the care of (1) veterans, (2) civilian employees within the continental limits of the United States, and (3) dependents of military personnel within the continental limits of the United States, in areas where adequate care can be otherwise obtained, leading to the comment by Dr. James C. Sargent (*J. A. M. A.* **150:** 1037 [Nov. 8] 1952), that, "the current expansive program of care of civilian patients by the military, supported as it is now by the involuntary servitude of civilian physicians obtained through the device of a discriminatory draft law, poses a form and degree of socialized medicine under the thumb of the state that so far as I am able to find has no parallel throughout the world unless it be behind the iron curtain"; and

WHEREAS, The second of these conditions is the disqualification of otherwise eligible physicians in priorities 1 and 2 for relatively minor physical defects; and

WHEREAS, All veterans of the armed forces are well aware that the military services offer a variety of assignments of all degrees of physical hardship, so that anyone able to carry on a civilian medical practice should be able to carry on some of the medical work needed by the military service; and

WHEREAS, A sizable proportion of the doctors in this community (9 out of approximately 25 in priorities 1 and 2) have been physically disqualified for commissions by higher headquarters, in some cases after acceptance by the examining board at Fort Douglas, Utah, although these doctors are known by their colleagues to be engaged in active private practice and to participate in such sports as baseball, hunting, and skiing; and

WHEREAS, The third of these conditions is the reluctance of Selective Service to utilize priority 3 because of (1) the inconvenience to the community of calling in physicians of long-established practice and experience, (2) the "necessity" of awarding these men high field grade ranks (major or colonel) if inducted, and (3) the inability of these older doctors to engage in active field work; and

WHEREAS, Doctors in priority 3 can easily be replaced in the civilian community by men who have completed their military service, so that these older doctors may now fulfill their sacred obligation to their country which was denied them during World War II, due to civilian requirements; and

WHEREAS, There is no logical reason why priority 3 doctors should be given high field grade ranks entirely incompatible with their total lack of military experience; and

WHEREAS, Those doctors of priority 3 who are unable by virtue of age and physical limitations to serve with tactical units in the field may find ample use for their services in less strenuous military assignments; and

WHEREAS, It is our belief that every practicing doctor within the age limits established by Public Law 779 is qualified to serve in the armed forces in some capacity, and that inductions should proceed according to the order of priorities established by Public Law 779; therefore be it

Resolved, That (1) An immediate investigation by an appropriate committee of the American Medical Association be made into the wasteful use of medical personnel by the armed forces for the care of nonmilitary patients; (2) An immediate investigation be made and appropriate action taken to modify existing physical standards for induction and commission, so that any physician who can conduct an active civilian medical practice can qualify for service in the armed forces, and (3) With the above modifications, an extension of Public Law 779 be recommended as the most realistic approach to the problem of providing adequate medical care for the armed forces.

Report of Reference Committee on Medical Military Affairs

The report of the Reference Committee on Medical Military Affairs, to which the foregoing four resolutions were referred, will be found following the portion of the supplementary report of the Board of Trustees dealing with the doctor-draft law, on page 1689.

Resolutions on National Advisory Committee to Selective Service

Dr. John F. Burton, Oklahoma, introduced the following resolutions, which were referred to the Reference Committee on Medical Military Affairs:

WHEREAS, The medical profession of the United States is confronted with the problem of producing sufficient physicians to staff the needs of the military forces and at the same time to render medical care to the people; and

WHEREAS, This problem is becoming more acute; and

WHEREAS, The National Advisory Committee to Selective Service is at the present time meeting with representatives of the federal government and the professions covered by Public Law 779 concerning the reenactment of this legislation at the coming session of the national Congress; now therefore be it

Resolved, That the House of Delegates of the American Medical Association go on record as commending the work of both the National Advisory Committee to Selective Service and the respective state chairmen for the outstanding work they have done; and be it further

Resolved, That the National Advisory Committee to Selective Service be petitioned to call a meeting of all state chairmen prior to the time that they make any final recommendation to Congress with regard to the reenactment of this legislation to the end that they may have the individual thinking of the state chairmen at the local level.

Report of Reference Committee on Medical Military Affairs

Dr. J. Morrison Hutcheson, Chairman, gave the following report, which was adopted:

The resolutions introduced by Dr. John F. Burton of Oklahoma are approved by your reference committee.

Resolutions on International Labor Organization

Dr. John K. Glen, Texas, presented the following resolutions, which were referred to the Reference Committee on Legislation and Public Relations:

WHEREAS, The United States membership in the International Labor Organization makes possible, with the assent of less than 40 persons in the United States of America, the passage by treaty or convention of legislation which could not be passed by other constitutional means; and

WHEREAS, It is the avowed intention of the ILO to bring socialism into all of our institutions of free enterprise including medicine; therefore be it

Resolved, That this House of Delegates of the American Medical Association go on record as recommending the withdrawal of the United States as a member of the ILO; and be it further

Resolved, That copies of this resolution be sent to each member of the 83d Congress, the President-Elect, and Vice President-Elect of the United States of America.

Report of Reference Committee on Legislation and Public Relations

Dr. Robertson Ward, Chairman, submitted the following report, which was not adopted:

The resolution presented by Dr. John K. Glen for the Texas Medical Association, called for withdrawal of the United States as a member of the International Labor Organization. Your committee feels that the action suggested by Senator Bricker's amendment to the Constitution would effectively curb the undesirable

results of ILO participation and that it would be unwise for the United States to withdraw from the organization even if retention of membership was only for the purpose of being informed as to the thinking of this organization. Your committee therefore recommends disapproval of the resolution presented by Dr. Glen.

The House of Delegates, after discussion, on motion duly seconded and carried, unanimously adopted the Resolutions on the International Labor Organization as presented by Dr. John K. Glen, Texas, and gave the Secretary authority to edit them to be sure that the statements therein contained are in accordance with the facts.

Resolution on Right of Federal Employees to Obtain Personal Physician

Dr. George M. Fister, Utah, presented the following resolution, which was referred to the Reference Committee on Industrial Health:

WHEREAS, The continued undue interference with the rights of injured federal employees to be cared for by their personal physician continues to cause numerous complaints; and

WHEREAS, This same interference causes loss of time and revenue on the part of doctors who are called by injured employees who are their patients only to find that the United States Employees Compensation Commission will not recognize their claims; and

WHEREAS, Such restricted panels as have been maintained by the Compensation Commission are not necessary for the protection either of the employer or of the employee; now therefore be it

Resolved, That the House of Delegates of the American Medical Association take cognizance of this situation and through a proper committee makes every effort to secure a broadening of the approved panel to include all qualified medical doctors.

Report of Reference Committee on Industrial Health

Dr. William A. Hyland, Chairman, presented the following report, which was adopted:

Your committee endorses the intent of the Resolution on Right of Federal Employees to Obtain Personal Physician but would like to point out that the matter is already under consideration by the Council on Industrial Health and its consultants on workmen's compensation and that reports will be forthcoming shortly from the Council through the Board of Trustees. Your committee recommends, therefore, that this resolution be withheld.

Resolution on Internships and Residencies

Dr. Vincent W. Archer, Virginia, introduced the following resolution, which was referred to the Reference Committee on Medical Education and Hospitals:

WHEREAS, The problem of internships and residencies in medium-sized and nonuniversity hospitals constitutes a serious hazard to the continuing service of those hospitals to their communities; and

WHEREAS, The decisions of the Council on Medical Education and Hospitals of the American Medical Association often seem arbitrary and are not clear to the boards and staffs of the hospitals concerned; therefore be it

Resolved, That the House of Delegates of the American Medical Association clarify or modify the procedure so as to correct the apparent inequalities and injustices which result.

Report of Reference Committee on Medical Education and Hospitals

Dr. A. F. R. Andresen, Chairman, presented the following report, which was adopted:

The resolution on internships and residencies presented by Dr. Vincent W. Archer of the Medical Society of Virginia was considered by your committee. After discussion of the problem, your committee feels that it can be adequately handled by the Council on Medical Education and Hospitals and, therefore, recommends that this resolution be not approved.

Resolutions on Seating of House of Delegates

Dr. W. D. Stovall, Wisconsin, introduced the following resolutions, which were referred to the Reference Committee on Miscellaneous Business:

Resolved, That this House of Delegates commend its Speaker, Dr. James R. Reuling, for directing, through the use of tables, the most orderly and convenient arrangements that have as yet been made for the seating of this House of Delegates; and be it further

Resolved, That this House record its approval of the purchase of such equipment to expedite such arrangements in the future and to permit the maximum use of such space as may be available.

Report of Reference Committee on Miscellaneous Business

Dr. B. O. Edwards, Chairman, submitted the following report, which was adopted:

Your committee commends the Speaker, Dr. James R. Reuling, and the Denver Committee on Arrangements for their foresight in seating the delegates at tables. Your committee approves the plan and recommends that the matter of purchase of equipment be left to the General Manager.

Resolution on Relationships Between Physicians and Lay Technical Workers in Auxiliary Fields of Medicine

Dr. Frank H. Krusen, Section on Physical Medicine and Rehabilitation, introduced for himself as delegate of his section and for the delegates of the sections on Anesthesiology, Ophthalmology, Nervous and Mental Diseases, Orthopedic Surgery, Military Medicine, Pathology and Physiology, and General Practice the following resolution, which was referred to the Reference Committee on Miscellaneous Business:

WHEREAS, Many problems are developing concerning the ethical relationships between physicians and lay technical workers in auxiliary fields of medicine; and

WHEREAS, There is a tendency on the part of such lay technical groups to encroach on the practice of medicine by establishing themselves as independent practitioners in such fields as those represented by nurse anesthetists, microbiologists, orthoptic technicians, physical therapists and clinical psychologists; and

WHEREAS, These trends in the utilization of personnel in activities for which they are not properly qualified are not in the best interests of the patient; and

WHEREAS, Such technical workers in auxiliary fields of medicine should occupy their proper position in the health team; therefore be it

Resolved, That the Board of Trustees of the American Medical Association give immediate and serious consideration to the establishment of a permanent bureau in the headquarters of the American Medical Association to deal with problems arising concerning the relationship between medical practitioners and lay workers in auxiliary fields of medicine.

Report of Reference Committee on Miscellaneous Business

Dr. B. O. Edwards, Chairman, presented the following report, which, after discussion and amendment, was adopted as follows:

Your committee recommends the amendment of the Resolution on Ethical Relationships Between Physician and Lay Technical Workers in Auxiliary Fields of Medicine by substituting "lay" for "nurse" and adding "or" and also changing the conclusion so that the resolution will read:

WHEREAS, Many problems are developing concerning the ethical relationships between physicians and lay technical workers in auxiliary fields of medicine; and

WHEREAS, There is a tendency on the part of such lay technical groups to encroach on the practice of medicine by establishing themselves as independent practitioners in such fields as those represented by lay anesthetists, or microbiologists, orthoptic technicians, physical therapists and clinical psychologists; and

WHEREAS, These trends in the utilization of personnel in activities for which they are not properly qualified are not in the best interests of the patient; and

WHEREAS, Such technical workers in auxiliary fields of medicine should occupy their proper position in the health team; therefore be it

Resolved, That the Board of Trustees of the American Medical Association give immediate and serious consideration to the establishment of a permanent bureau in the headquarters of the American Medical Association to deal with problems arising concerning the relationship between medical practitioners and lay workers in auxiliary fields of medicine.

Resolutions on Training of the General Practioner

Dr. Paul A. Davis, Section on General Practice, introduced the following resolutions, which were referred to the Reference Committee on Medical Education and Hospitals:

WHEREAS, It is generally recognized that it is desirable to augment the training of the general practitioner by residency training; and

WHEREAS, There are now available only slightly over 200 general practice residencies while there are over 19,000 specialty training residencies; and

WHEREAS, There is a limited number of total available hospital residencies; and

WHEREAS, It is desirable and necessary to continue the general practitioner in his time-honored position in American medicine; now therefore be it

Resolved, That the Council on Medical Education and Hospitals of the American Medical Association be encouraged to provide adequate residency space in our hospitals to train the general practitioner properly for his high and honored calling; and be it further

Resolved, That this residency training program be approved on a one, two, or three year basis, depending on the particular facility and ability of each hospital, and that such residency program should look essentially

to the practical rather than the didactic training of the resident, it being assumed that he has had a goodly supply of the latter in his medical school and internship, and this practical training to include such basic things as a reasonable number of surgeries and a reasonable number of deliveries and these on private or charity cases, it being pointed out here that if the residency is for one year only at least nine months of this training be in surgery and obstetrics; it is also wise to point out that many doctors after one year of internship are going into communities and doing their own surgery and in many instances doing it surprisingly well, but in almost every instance that doctor would gladly have invested another year at several thousand dollars' cost to himself if he could have obtained the practical training mentioned above; and be it further

Resolved, That the Section on General Practice respectfully requests that until the residency training program in general practice has been properly augmented there be fewer approvals of specialty residency programs in any hospitals except those fully associated with medical schools.

Report of Reference Committee on Medical Education and Hospitals

Dr. A. F. R. Andresen, Chairman, submitted the following report which was adopted:

The resolutions presented by Dr. Paul A. Davis of the Section on General Practice on the training of the general practitioner were also referred to your committee. In view of the activity of the Council on Medical Education and Hospitals in this field, your committee believes that the matter is now being handled by that Council and, in view of this, your committee recommends that this resolution be referred to the Council.

Resolution on Definition of Medical and Dental Services

Dr. Gordon F. Harkness, Section on Laryngology, Otology and Rhinology, presented the following resolution, which was referred to the Reference Committee on Hygiene and Public Health:

WHEREAS, The House of Delegates in June, 1952, by resolution requested "the Board of Trustees to confer with the American Board of Oral (Dental) Surgery, to the end that a clear definition of medical and dental services can be established. It must not be forgotten that only properly qualified physicians may practice medicine"; and

WHEREAS, This definition is at the present time important to many hospitals and to the administrative problems of Veterans Administration hospitals; therefore be it

Resolved, That the House of Delegates requests that the Board of Trustees expedite with the least possible delay the establishment of a definition of medical and dental services.

Report of Reference Committee on Hygiene and Public Health

Dr. W. L. Benedict, Chairman, submitted the following report which was adopted:

Your reference committee notes that the House of Delegates in June, 1952, requested the Board of Trustees to define medical and dental service, clearly, and the present resolution before your committee requests the Board of Trustees to expedite with the least possible delay the definition of medical and dental services, so that clarification can be established in hospitals and Veterans Administration services. Therefore, your reference committee approves this resolution as presented.

Resolution on Continuance of Special Pay For Medical and Dental Officers of the Armed Forces

Dr. Russel V. Lee, Section on Military Medicine, introduced the following resolution, which was referred to the Reference Committee on Medical Military Affairs:

WHEREAS, It is universally recognized that the amount of training necessary for qualification as a medical officer is substantially greater than that necessary for a line officer of the same rank, and that the sacrifices entailed by physicians who are serving in the armed services are very material; be it hereby

Resolved, That the House of Delegates of the American Medical Association go on record as approving continuance of the special pay for medical and dental officers in the armed forces.

Report of Reference Committee on Medical Military Affairs

Dr. J. Morrison Hutcheson, Chairman, presented the following report, which was adopted:

The Resolution on Continuance of Special Pay for Medical and Dental Officers of the Armed Forces is approved by your reference committee.

Resolution on Health Activities of the Federal Government

Dr. Russel V. Lee, Section on Military Medicine, introduced the following resolution, which was referred to the Reference Committee on Legislation and Public Relations:

WHEREAS, The health activities of the federal government have become very extensive and are of great importance; and

WHEREAS, Such activities can only be properly conducted when the administrative mechanism of the government is improved; therefore be it

Resolved, That the House of Delegates of the American Medical Association endorse the creation of a Federal Department of Health with cabinet status.

Report of Reference Committee on Legislation and Public Relations

Dr. Robertson Ward, Chairman, submitted the following report, which, after discussion, and a motion to amend was lost, was adopted:

Your committee offers the following substitute resolution for the resolution of Dr. Russel V. Lee concerning health activities of the federal government:

WHEREAS, For many years and on many occasions American medicine has advocated the creation of a Federal Department of Health with cabinet status; and

WHEREAS, The reasons for such a department have become increasingly obvious; and

WHEREAS, The health activities of the federal government have become very extensive and are of great importance; and

WHEREAS, Such activities can only be properly conducted when the administrative mechanism of the government is improved; therefore be it

Resolved, That the House of Delegates of the American Medical Association recommends the creation of a Federal Department of Health with cabinet status.

Resolutions on Private General Practice as Prerequisite for Specialty Board Certification

Dr. A. C. Scott Jr., Texas, introduced the following resolutions, which were referred to the Reference Committee on Medical Education and Hospitals:

WHEREAS, There is a maldistribution of physicians in cities and rural areas and certain smaller communities have a shortage of doctors; and

WHEREAS, A service in general practice would be conducive to a broader experience for every specialist; and

WHEREAS, A requirement by specialty boards for one or more years' service in general practice as a prerequisite to certification would tend to cause a greater flow of young doctors into smaller communities and rural areas; therefore be it

Resolved, That the Board of Trustees appoint a committee to work with the various specialty boards in seeking to have specialty boards require as a prerequisite to certification that the applicant must have served one or more years in private general practice; and be it further

Resolved, That this House go on record as approving the principle that one or more years' service in general practice should be a prerequisite to specialty board certification.

Report of Reference Committee on Medical Education and Hospitals

Dr. A. F. R. Andresen, Chairman, submitted the following report which, after discussion and a ruling by the Vice Speaker that the number of members to be appointed on the proposed committee be left to the Speaker of the House, was adopted:

Your committee considered the resolutions presented by Dr. A. C. Scott Jr., Texas on private general practice as a prerequisite for specialty board certification. After listening to an interesting discussion of the problem presented in these resolutions, your committee recommends the appointment of a committee by the Speaker of the House of Delegates to study this problem and bring back a report to the House of Delegates.

Resolutions on Medical Care for Dependents of Service Personnel

Dr. Eugene F. Hoffman, for the California delegation, introduced the following resolutions, which were referred to the Reference Committee on Insurance and Medical Service:

WHEREAS, The rendition of medical care for dependents of military personnel by service physicians has been based on very uncertain legal grounds at best; and

WHEREAS, Such services have grown beyond any expectation, until now they constitute as much as 35% of the services rendered by medical officers in continental United States; thus entailing the loss of that percentage of medical care to the military services and the consequent need for additional physicians in those services; and

WHEREAS, There are few if any military establishments in continental United States where adequate civilian medical care is not available to dependents of personnel; be it

Resolved, That the practice of indirectly subsidizing the soldier's compensation by the rendition of medical care to his dependents be discontinued; and be it further

Resolved, That if the Congress of the United States wishes to include in the compensation of our military personnel medical care for their dependents, the compensation in cash should be increased to cover such expense.

Resolution on Local Care of Service-Connected Disabilities

Dr. Eugene F. Hoffman, for the California delegation, presented the following resolution, which was referred to the Reference Committee on Insurance and Medical Service:

WHEREAS, The present successful program already in limited operation has demonstrated that service-connected disabilities can be most satisfactorily treated by the veteran's own personal physician, freely chosen in his own community; be it

Resolved, That the system of care for the medical needs of the veteran with a service-connected disability by his own physician in his own community be expanded as rapidly as is consistent with the high type of care to which the veteran is entitled.

Resolution on the Veteran as a Respected and Independent Citizen of the Nation

Dr. Eugene F. Hoffman, for the California delegation, presented the following resolution, which was referred to the Reference Committee on Insurance and Medical Service:

WHEREAS, The veteran who has served his country in any of its military needs and has not suffered any disability as the result of such service should not, and in the overwhelming majority of instances does not, consider himself to be in any category differing from that of his fellow citizens; be it

Resolved, That in the matter of medical care the veteran without a service-connected disability should not be the object of special class legislation which would separate him from the general public.

Report of Reference Committee on Insurance and Medical Service

Dr. Carlton E. Wertz, Chairman, submitted the following report, which was adopted:

Your committee has considered the Resolutions on Medical Care for Dependents of Service Personnel, the Veteran as a Respected and Independent Citizen of the Nation, and Local Care of Service-Connected Disabilities but has taken no action on them, with the approval of the California delegation, since these subjects were all covered and given careful consideration in the report of the Special Committee on Federal Medical Services.

Resolution on Responsibility of Government in the Medical Care of the Citizen

Dr. Eugene F. Hoffman, for the California delegation, introduced the following resolution, which was referred to the Reference Committee on Legislation and Public Relations:

WHEREAS, The rapidly burgeoning medical services rendered by agencies of the federal government to veterans and others are estimated to cover approximately 24 million at this time; and

WHEREAS, If the present tendency is not checked, it is estimated that eventually most able-bodied males in the nation will be so covered; therefore be it

Resolved, That the Congress of the United States be respectfully urged to define and limit the functions of governmental activity in these areas to the following specific categories:

1. Indigents are the responsibility of the local political unit, city, or county, and should receive care at its hands;

2. Mental and tuberculous patients unable to afford long-term care should receive care at the hands of the state;

3. Military personnel on active duty should continue to receive care as now rendered by the medical departments of the various services;

4. Service-connected disabilities should continue to be the responsibility of the Veterans Administration;

5. Indians as wards of the federal government should continue to receive medical care by that medium until a better means for so doing can be devised.

Report of Reference Committee on Legislation and Public Relations

Dr. Robertson Ward, Chairman, presented the following report:

Since the provisions of the Resolution on Responsibility of Government in the Medical Care of the Citizen were not fully understood by your committee, and since the recommendations appeared to fall within the purview of other reference committees, and since no one appeared to explain the resolution, it is recommended by your committee that no action be taken on the resolution at this time.

After discussion, the House gave unanimous consent for the introduction by Dr. Russel V. Lee, Section on Military Medicine, of a substitute resolution, which he stated clarified the matters on which the reference committee was in doubt, and on motion duly seconded and carried, the following substitute resolution was adopted:

WHEREAS, There exists at the present time a state of confusion as to the extent to which government at various levels is committed to the provision of medical services; be it

Resolved, That the American Medical Association through its Board of Trustees at a national level and through its component societies at a state and local level call on local, state, and federal governments for a precise definition of the area of governmental responsibility for the provision of personal medical services to various groups of people in our population.

Resolutions on International Treaties and Covenants

Dr. Willard A. Wright, North Dakota, introduced the following resolutions, which were referred to the Reference Committee on Legislation and Public Relations:

WHEREAS, At a regional meeting sponsored by the Committee on Legislation of the American Medical Association, representatives from the state medical associations or societies of North Dakota, South Dakota, Nebraska, Kansas, Missouri, and Iowa, meeting in Omaha, on November 9, 1952, have been informed that there has been approved a treaty, or treaties, that are in opposition to accepted custom and usual practice of presenting and preparing such treaties; and

WHEREAS, Treaties and covenants are being presented to the Congress of the United States for ratification that have been prepared in such manner; and

WHEREAS, The results of the ratification of such treaties will establish regulations and rules of international relations that are contrary to the adopted laws of the sovereign 48 states of the United States; and

WHEREAS, The ratification of such treaties and covenants provides for regulation of the laws that are contrary to the adopted laws of the United States and of the several states and are in direct opposition to accepted custom and practice as established in the several states; and

WHEREAS, Treaties and covenants are in the first instance adopted at the International Labor Organization by the vote of representatives who are appointive officials and not elective officials of the United States; and

WHEREAS, The treaties and covenants adopted by the International Labor Organization are then submitted to the United States Senate alone with no opportunity for anyone to appear at committee hearings and with no vote by the House of Representatives of the United States Congress on covenants affecting the lives of United States citizens, which is all contrary to our normal and established process of legislation; and

WHEREAS, Such treaties and covenants may concern such matters as the effect on the high standards of medical care available to the citizens of the United States, on local school laws, on municipal ordinances, on the ownership of private homes, on the ownership and size of farms, on ownership of business, on ownership and control of press, radio, and television, all of which are socialistic in character and encourage the adoption of collective farming and encourage socialistic programs; and

WHEREAS, It was the sense of those who attended this regional conference that positive action should be taken at this time; and

WHEREAS, A similar opinion was expressed by those who attended the North Central Medical Conference in Minneapolis, on Nov. 15, 1952; now therefore be it

Resolved, That the House of Delegates of the American Medical Association be respectfully requested to adopt, at the 1952 Clinical Session, an appropriate resolution expressing the disapproval of the intent and purpose of such treaties or covenants containing such provisions and that the Congress of the United States be memorialized to disapprove and not ratify such treaties and covenants; and be it further

Resolved, That the House of Delegates of the American Medical Association, by resolution, instruct its Secretary to forward copies of the resolution to all constituent state and territorial medical associations or societies; and be it further

Resolved, That the House of Delegates of the American Medical Association, by resolution, instruct its Secretary to send copies of the resolution to all members of the Congress of the United States of America and such other officials of the federal government as it may deem advisable; and be it further

Resolved, That the House of Delegates of the American Medical Association, by resolution, reiterate and reaffirm its endorsement of the proposed amendment to the Constitution of the United States relating to ratification of treaties and covenants which has been proposed by Hon. John W. Bricker, United States Senator from Ohio.

Report of Reference Committee on Legislation and Public Relations

Dr. Robertson Ward, Chairman, submitted the following report, which was adopted:

The resolutions of Dr. Willard A. Wright concerning international treaties and covenants were approved in exactly the terms in which they were presented. Your committee feels that it is definitely important that every possible means of publicity be used to acquaint the public and the medical profession with the dangers of the International Labor Organization. Your committee would like to emphasize the paragraph on this topic in the report of the Washington Office in the report of the Board of Trustees, referred to this committee.

In this connection, the resolutions presented by Dr. Willard A. Wright calling for disapproval of the intent and purpose of the treaties and covenants arrived at through International Labor Organization mechanisms are approved by your committee without change.

Resolutions on Insurance Reporting Forms

Dr. John S. DeTar, Michigan, introduced the following resolutions, which were referred to the Reference Committee on Miscellaneous Business:

Whereas, The burden to the Doctor of Medicine in completing health and accident insurance reporting forms has increased due to the variety of forms used, to the number of patients carrying this type of insurance, and to the frequency of requests made for said reports; and

Whereas, Many of these forms request data which are not pertinent to the immediate situation; and

Whereas, the American Medical Association Council on Medical Service has made commendable progress in the simplification and standardization of health and accident reporting forms; therefore be it

Resolved, That the American Medical Association Council on Medical Service continue its study of the simplification and standardization of health and accident insurance reporting forms; and be it further

Resolved, That the American Medical Association stimulate through THE JOURNAL, and otherwise, the increased use of such standardized forms by insurance companies.

Report of Reference Committee on Miscellaneous Business

Dr. B. O. Edwards, Chairman, presented the following report, which was adopted:

Your committee in approving the Resolutions on Insurance Reporting Forms wishes to call attention to the fact that due to the excellent work of the Council on Medical Service many simplified and standardized insurance reporting forms are now in use.

Resolutions on Funding of Policies of House of Delegates

Dr. Ralph Johnson, Michigan, introduced the following resolutions, which were referred to the Reference Committee on Amendments to the Constitution and Bylaws:

Whereas, The Board of Trustees has invited the attention of the House of Delegates to a lack of clarity which now exists in the Constitution of the Association whereby an action of the House of Delegates taken in June, 1952, was found to be unconstitutional; and

Whereas, The functions of the House of Delegates are: (1) to determine the policies of the American Medical Association, and (2) to fix dues and assessments; and

Whereas, The control of finances essential to implement specific matters that are the policies of the House of Delegates is not now clearly defined in the Constitution and Bylaws; and

Whereas, It is not the purpose of this resolution to control all financial policies of the Association but simply to define certain prerogatives of the House; therefore be it

Resolved, That notwithstanding the rights and duties of the Board of Trustees as defined in the Constitution and Bylaws, it shall be the duty of the Board to provide sufficient funds within the means of the Association to implement such policies, programs and measures as may be, from time to time, adopted by the House of Delegates; and be it further

Resolved, That the Council on Constitution and Bylaws be instructed to make all necessary changes needed to attain the purpose of this resolution.

Report of Reference Committee on Amendments to the Constitution and Bylaws

Dr. Warde B. Allan, Chairman, presented the following report, which was adopted:

The resolutions on Funding of Policies of the House of Delegates, introduced by Dr. Ralph Johnson of Michigan, are designed to provide financing of matters approved by the House of Delegates. The Constitution provides in Article 8 that the Board of Trustees shall have charge of the property and financial affairs of the Association, and in Article 11 provides that "Funds may be appropriated by the Board of Trustees to defray the expenses of the Association, to carry on its publications, to encourage scientific investigations and for any other purpose approved by the Board of Trustees." Under Chapter XIII, Section 4, Paragraph (A) of the Bylaws, the Board of Trustees shall "perform all acts and transact all business for or on behalf of the Association and manage the property and conduct the affairs, work and activities of the Association, except as may be specifically provided to the contrary in the Constitution and these Bylaws. All resolutions and recommendations of the House of Delegates pertaining to the expenditure of money must be approved by the Board before they become effective."

Your Committee looks with favor on the principles expressed in these resolutions. The Committee recommends that the resolutions be referred to the Council on Constitution and Bylaws for implementation, and that the Council prepare a report and submit it to the House of Delegates at the June 1953 session.

Supplementary Report of Board of Trustees

Dr. Dwight H. Murray, Chairman, presented the following supplementary report containing Resolutions on Suspension of Call-Up of Physicians Under the Doctor-Draft Law, which were referred to the Reference Committee on Medical Military Affairs; a recommendation regarding medical specialty boards, which was referred to the Reference Committee on Medical Education and Hospitals; and an announcement regarding the membership of the Liaison Committee with the American Legion, which was referred to the Reference Committee on Medical Military Affairs:

Resolution on Suspension of Call-Up of Physicians Under the Doctor-Draft Law

The following resolution, presented to the Board of Trustees by the Council on National Emergency Medical Service, is being submitted to the House of Delegates for its action:

Whereas, As of Nov. 1, 1952 more than 1,500 physicians in priorities 1 and 2 are still under temporary deferment from obligated military duty and an additional 700 physicians in priorities 1 and 2 already declared available by Selective Service are reported as not yet examined; and

Whereas, The current official figures of the Selective Service System clearly indicate that there is great unevenness in the rate with which processing of priority 3 physicians is being conducted (a number of states are reported as not having completed the processing of any as yet), this inevitably makes it impossible to comply with the intent of the Presidential directive which requires that physicians in this group be called to military duty nationwide according to age—youngest men first; and

Whereas, This situation is creating much confusion and is resulting in many serious inequities; therefore be it

Resolved, That the American Medical Association urge the President of the United States to discontinue any further call-up of physicians under the Doctor-Draft Law until the Selective Service System and the Department of Defense have completed the processing of all physicians in priorities 1 and 2 and have called to active military duty all physicians in these groups except those very occasional individuals whose further deferment is essential to the nation's health, safety and interest; and be it further

Resolved, That if and when it becomes necessary to issue calls for physicians in priority 3, processing be conducted so as to comply with the Presidential directive requiring that the youngest physicians in this category be called first.

Report of Reference Committee on Medical Military Affairs

The report of the reference committee will be found following the portion of the supplementary report of the Board of Trustees dealing with the Doctor-Draft Law, on page 1689.

Medical Specialty Boards

The Board of Trustees recommends that the House of Delegates reiterate its position previously established that the American Medical Association recognizes and approves only one certifying board in each of the specialties of medicine, namely, those boards established by the Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals of the American Medical Association. It is not in the interest of medicine or of the public for other medical organizations to establish certifying agencies.

Report of Reference Committee on Medical Education and Hospitals

Dr. A. F. R. Andresen, Chairman, submitted the following report, which was adopted:

Your committee considered the supplementary report of the Board of Trustees pertaining to medical specialty boards. Your committee recommends the approval of this recommendation and suggests to the Board of Trustees that a copy of it be transmitted to the Advisory Board for Medical Specialties, the various specialty boards and other interested groups.

Liaison Committee with American Legion

The Board of Trustees wishes to report that it has appointed the following committee to act as liaison with the American Legion: Drs. E. S. Hamilton, Chairman, Walter B. Martin, James R. McVay, Louis M. Orr II, Joseph D. McCarthy, and E. L. Henderson, Consultant.

Report of the Judicial Council

Dr. Edward R. Cunniffe, Chairman, presented the report of the Judicial Council, as follows:

To the Members of the House of Delegates of the American Medical Association:

This report will cover the activities of the Judicial Council since the interim meeting held in Los Angeles in December, 1951. The Council has held ten meetings during the past year, four in conjunction with the annual session, three during the present clinical session and three others at Association Headquarters. At these meetings routine business was transacted which consisted of recommendation of candidates for affiliate Membership and consideration of many requests for decisions and opinions concerning ethical problems or complaints about decisions given at earlier meetings. At these meetings the expressions of personal opinion often given by the Chairman in answer to requests for advice and direction are reviewed by the Council. At our meetings we have heard appeals from decisions of constituent associations. At one of our meetings we heard witnesses in an action charging unethical conduct; the Council had original jurisdiction because the controversy was between members of different constituent associations.

The following reports will illustrate some of the problems coming before the Council in the course of its routine work:

Osteopathy

The attention of practitioners of medicine, and to a certain extent the attention of the public, has recently been drawn to demands by osteopaths that they be permitted to receive instruction from the faculty members of the schools of medicine of tax-supported state universities. Such demands, plus the advice of legal counsel, have led the Vice President of the University of California to rule that "osteopathic physicians and surgeons would be admitted to medical extension courses provided they met a minimum requirement of two years of preprofessional education and four years of professional education." Thus, certain Doctors of Medicine find themselves in a position of involuntarily lecturing to osteopathic physicians. In his presidential address to the House of Delegates of the American Medical Association in 1952, Dr. John W. Cline recommended that the problem of the application of the Principles of Medical Ethics to physicians' relationships with osteopaths be reviewed. The reference committee to which Dr. Cline's address was referred recommended the appointment of a committee to study this situation. The Judicial Council has no knowledge of the findings of such a committee. Thus, in the absence of a directive from the House of Delegates, and in the absence of any alternative statement from the osteopaths themselves that they no longer adhere to their original cult theories, the Judicial Council reasserts its opinion that all voluntary associations with osteopaths are unethical.

Privilege Tax by Hospital

Another problem which has been referred to the Council arises from the suggestion made by some hospitals that physicians who utilize the hospital facilities should pay to the hospital a percentage of the fees which they receive from their patients while being cared for in the hospital. This problem raises both legal and ethical issues. The Council, of course, does not undertake to pass judgment on legal issues. It can report, however, that in at least one instance a similar question was before the courts and was turned down. The issue involved a bequest to a hospital on the condition that all physicians using the hospital pay to it a certain percentage of their fees received from hospitalized patients. The court held that this condition attached to the bequest was contrary to public policy.

From the ethical point of view, three aspects of the problem disturb the Judicial Council. The first concerns free choice of physicians, the second concerns the inevitable increase in the cost of medical care, and the third concerns fee splitting.

If a physician's income were such that he could not afford the privilege tax levied, his patients would be denied hospital services. In selecting a physician they would be limited to the financially successful one, and the inevitable result would be an increase in fees so that physicians could afford to utilize the hospital facilities. The Council disapproves of any program tending to increase fees and to limit the free choice of physician on a financial or any other basis.

Furthermore, the Council has many times expressed itself on the subject of fee splitting. The suggested proposal is clearly a case of splitting or sharing professional fees with a lay organization which should not render professional service in the first place, but which, in addition, has already levied its regular bill for the services which it legitimately rendered.

Repeated Questions

The number of requests addressed to the Judicial Council for specific interpretations of the Principles of Medical Ethics continues to be ever increasing. Many of them reflect the age-old desire of physicians to increase their professional income through devious means beyond that of the definite fee for tangible professional services rendered. For example: "May I, in a group with others in our own building, install a pharmacy with a pharmacist on salary in charge; May I, an ophthalmologist, employ a salaried optician to grind and mount lenses for my patients?" The obvious answer is if there is no community need for another pharmacy or an optician, and a group or an individual practitioner will make a profit from these ancillary services, they will be indulging in unethical practices and will be subject to investigation by their society. There should be no need for addressing so many grievances to the American Medical Association Judicial Council before consulting county and state society representatives.

Fee Splitting

Section 5 of Article VI of the Principles of Medical Ethics states the following:

> "When a patient is referred by one physician to another for consultation or for treatment, whether the physician in charge accompanies the patient or not, the giving or receiving of a commission by whatever term it may be called or under any guise or pretext whatsoever is unethical."

This means that the physician who takes a patient over for treatment from another physician should render a bill direct to the patient for such treatment. If this happens to be a surgical case and the doctor referring the patient assists in the operation, gives the anesthetic or participates in any way in the treatment of the patient, the doctor so participating should render his own bill direct to the patient, and it should not be part of the surgeon's bill.

The Judicial Council has held many times that when a surgeon renders a bill for his fee it should not include bills from colleagues who act as assistants or anesthetists, but these colleagues should render their own bills. The Judicial Council has also held that associate membership, no matter by what name called, in a clinic, of a physician who lives in another town from that in which the clinic is located, and who sends patients to this clinic for treatment and receives compensation therefor, is practicing unethical medicine as well as the physicians who own the clinic. In fact, a physician who does this and lives in the same town where the clinic operates would be unethical if he practices in this manner.

A patient is entitled to the best treatment possible and a physician referring a patient to a consultant should select the consultant because of his ability and not because of pecuniary gain to the physician referring the patient.

ADVERTISING

In the ever-expanding field of medical public relations, no single phase has developed more than that which leads to the publication in national lay magazines and newspapers of stories of research or surgery. Obviously they are written around hospital clinics or laboratories and clinical facts and technics, richly illustrated as supplied by the physician or physicians in charge. Such articles, where authoritatively prepared, usually tend to add to public confidence in the procedure described. The members of the Judicial Council believe that public confidence would be greatly enhanced, and that their subsequent cautionary corrections of the original story would be reduced, if a footnote printed with the article set forth the information that the article as written had the approval of the county or state, or both, medical societies. The Council members therefore thought it might be well to include in the report to the House of Delegates a statement drawing attention to what appears to be an increasing tendency for practicing physicians to allow the publication of articles about them or their work in newspapers and magazines, which is distinctly unethical unless the provisions of Sections 4 and 5 of Chapter I of the Principles of Medical Ethics are observed. These two sections make generous provisions for ethical use of the press and the radio in spreading adequately qualified medical and health information to the public.

The report of the Judicial Council was referred to the Reference Committee on Miscellaneous Business.

REPORT OF REFERENCE COMMITTEE ON MISCELLANEOUS BUSINESS

Dr. B. O. Edwards, Chairman, presented the following report, which, after discussion, was adopted:

Your committee compliments the Judicial Council for its excellent report and recommends its acceptance.

Osteopathy: This whole matter is one of concern of not only the medical profession but also of the osteopathic profession and of the public. Your reference committee recommends that the committee appointed to consult with the American Osteopathic Association be asked to conduct an immediate study of this matter and to report at the next meeting of this House. This committee was appointed by the Board of Trustees in accordance with the action of the House in June, 1952, and consists of Drs. John W. Cline, Chairman, F. J. L. Blasingame, E. S. Hamilton, E. Vincent Askey, and Arch Walls.

Privilege Tax by Hospital: Your committee condemns this practice as it is a form of fee splitting and is contrary to the Principles of Medical Ethics. It is requested that the Board of Trustees bring to the attention of all hospitals this condemnation of the practice of requiring all physicians using the hospital to pay to it a certain percentage of their fees received from hospitalized patients.

Repeated Questions: Your committee has noted that publication of the decisions of the Council is being studied and believes that the sending of this publication to the secretaries of state and county medical societies should lead to a decrease in the number of repeated questions asked of the Council.

Fee Splitting: Your committee is in accord with the ideas of the Judicial Council regarding fee splitting by physicians and calls attention to the fact that separate bills must be rendered to the patient by consultants, assistants, anesthetists, and all other physicians. Before any other method can be put into practice it will be necessary to change that portion of the Principles of Medical Ethics. It is recommended that the subject of associate membership in a clinic be referred back to the Judicial Council for further study and clarification.

Advertising: Your committee approves this section of the report.

During the discussion on the report of the reference committee, Dr. John W. Cline, chairman of the committee appointed by the Board of Trustees to consult with the American Osteopathic Association, made the following statement:

"The impression, I think, was left with the House when Dr. Cunniffe made his report for the Judicial Council that this committee had not been active. It has not been active because under the language of the resolution adopted by this House it was only to confer when and if asked, presumably by the American Osteopathic Association. The Board has now, however, reconstituted that committee as another committee, and I wish simply to have the House know that it was not due to the failure of the committee to act but rather to the language imposed in the resolution."

Presentation of 1898 Session Badge from Mrs. George W. Miel

Dr. Louis H. Bauer, President, made the following announcement:

I am sorry to interrupt the proceedings of the House, but something occurred this noon in which I thought you would be interested. I was called out the latter part of this morning to meet an elderly lady, Mrs. George W. Miel, the widow of a physician from Denver. It seems the last time, in fact the only other time, the American Medical Association met in Denver was in 1898. At that time, the American Medical Association did not furnish badges for the registrants, but the local society did. This being a silver state, the Colorado Society gave silver buttons. In the center is a monogram, "A.M.A.," at the top "Denver," and at the bottom "1898." Mrs. Miel came around this morning and presented me with this button, asking that I give it to the American Medical Association as she didn't want it lost or thrown out and felt that was where it properly belonged. I thanked her, and I now take pleasure in turning this over to Dr. Lull for the archives of the Association. I think it would be very fitting if this House would ask Dr. Lull to send her a letter of thanks for her thoughtfulness.

The House of Delegates gave a rising vote of thanks to Mrs. Miel for her gracious action.

Motion of Appreciation

Dr. Hoyt B. Woolley, Chairman of the Reference Committee on Rules and Order of Business, offered the following motion, which was duly seconded and carried by a unanimous rising vote:

Your reference committee moves that the House of Delegates give a vote of thanks to the Local Committee on Arrangements under the general chairmanship of Dr. William B. Condon; to the Colorado State Medical Society, the Denver Medical Society, and their respective Auxiliaries for the entertainment of the delegates and their wives, and also to the Denver Convention and Visitors Bureau for the hotel arrangements.

The House of Delegates adjourned, *sine die*, at 4:05 p. m., Thursday, Dec. 4, 1952.

REGISTRATION AT CLINICAL SESSION DENVER, DEC. 2-5, 1952

Alabama	9	New Mexico	20
Alaska	1	New York	52
Arizona	14	North Carolina	5
Arkansas	5	North Dakota	9
California	92	Ohio	44
Canal Zone	0	Oklahoma	19
Colorado	434	Oregon	17
Denver	934	Pennsylvania	23
Connecticut	10	Puerto Rico	1
Delaware	2	Rhode Island	2
District of Columbia	31	South Carolina	4
Florida	4	South Dakota	16
Georgia	5	Tennessee	8
Hawaii	5	Texas	51
Idaho	21	Utah	35
Illinois	109	Vermont	0
Indiana	37	Virginia	9
Iowa	59	Washington	42
Kansas	40	West Virginia	3
Kentucky	5	Wisconsin	34
Louisiana	9	Wyoming	91
Maine	2	Other Countries	
Maryland	7	Canada	5
Massachusetts	12	Germany	1
Michigan	20	Guam	1
Minnesota	53	India	1
Mississippi	1	Ireland	1
Missouri	28	Israel	1
Montana	18	Korea	2
Nebraska	86	New Zealand	1
Nevada	6	Philippine Islands	1
New Hampshire	1	Scotland	1
New Jersey	12	Total	2,814

MEDICAL NEWS

CALIFORNIA

Course in Endocrine and Metabolic Disease.—An intensive course designed to emphasize clinical physiology, diagnosis, and treatment will be given Feb. 2-7, 1953, in the Highland-Alameda County Hospital, 2701-14th Ave., Oakland, under the auspices of the Committee for Graduate Medical Education of the Alameda-Contra Costa Medical Association and the Institute for Metabolic Research of the Highland-Alameda County Hospital. Dr. Irvine McQuarrie, Minneapolis, will serve as moderator for a panel on "Principles and Practice of Diabetic Management in the Child and in the Adult," for which the collaborators will be Drs. John Anderson, San Francisco, Laurance W. Kinsell, Oakland, Eaton M. MacKay, La Jolla, and George B. Robson, San Francisco. At a banquet at the Hotel Claremont, Berkeley, Dr. Paul Starr, Pasadena, president of the Endocrine Society, will speak on "Unrecognized Hypothyroidism." Saturday (10 a. m. to 1 p. m.) an endocrine and metabolic clinic will be presented. The course is approved for credit by the American Academy of General Practice. Tuition, $100; enrollment limited to 100. Information may be obtained from Dr. Laurance W. Kinsell, Institute for Metabolic Research, Highland-Alameda County Hospital, 2071-14th Ave., Oakland 6.

ILLINOIS

Personal.—Dr. George A. Dicus recently began his 62nd year of practice in Streator. For 52 years he has been secretary of the North Central Illinois Medical Association, which he served as president for one term.

Evanston First in Traffic Safety.—The National Safety Council has announced that, among cities of 50,000 to 100,000 population, Evanston was classed first for traffic safety in the first 10 months of 1952. There had been no auto fatalities in that suburb in that period. Chicago ranked fifth among cities of more than 1 million, with 4.6 traffic deaths per 10,000 registered vehicles in the 10 month period. Auto crash fatalities rose in Chicago from 321 in the first 10 months of 1950 to 338 in a comparable period in 1951 and to 343 during the first 10 months of 1952.

Chicago

Lecture on the Adolescent.—Dr. Irene H. Josselyn of the Institute for Psychoanalysis will lecture on "The Adolescent" at the Association for Family Living, 28 E. Jackson Blvd., at 1:30 p. m., Jan. 7. Dr. Josselyn is the author of "Psychosocial Development of Children" and "The Adolescent and His World."

Course in Electrocardiographic Interpretation.—A course in electrocardiographic interpretation will be given at Michael Reese Hospital by Dr. Louis N. Katz, director, cardiovascular department, Medical Research Institute, and associates. The class will meet each Wednesday from 7 to 9 p. m. for 12 weeks, beginning Feb. 11. Information may be obtained from Mrs. Rivian H. Lewin, Cardiovascular Department, Michael Reese Hospital, Chicago 16.

University News.—The Multiple Sclerosis Foundation has presented to Northwestern University Medical School a check for $25,000 for research in multiple sclerosis.——The University of Chicago's newly equipped blood bank, made possible by contributions of employees of Goldblatt Brothers, was recently dedicated. The blood bank is named in memory of the late Bernard Brown, vice-president of Goldblatt's. Since 1942 it has given transfusions to more than 10,000 patients.——Dr. Harley E. Cluxton Jr., Lake Bluff, Ill., has been appointed director of clinics at Northwestern University Medical School. Dr. Cluxton was formerly director of medical research for the Armour Laboratories in Chicago and served on the staff of the Mayo Clinic, Rochester, Minn.

Physicians are invited to send to this department items of news of general interest, for example, those relating to society activities, new hospitals, education and public health. Programs should be received at least three weeks before the date of meeting.

KENTUCKY

Dr. Hafer Honored.—Dr. Lewis C. Hafer, Covington, for 50 years a physician in northern Kentucky, was recently honored at a dinner meeting by the Kenton-Campbell County [illegible]dical Society, which presented him with a scroll in recognition of his half-century of service and credited him with being "instrumental in developing the pediatric department of St. Elizabeth Hospital in Covington." Principal speaker at the meeting was Dr. R. Haynes Barr, Owensboro, president of the Kentucky State Medical Association, whose topic was "Good Doctors, Good Citizens."

MASSACHUSETTS

Anesthesia Conference.—On Jan. 9 another in the series of combined anesthesia teaching conferences will be held at the Evans Memorial of the Massachusetts Memorial Hospitals, 750 Harrison Ave., Boston, from 7 to 9 p. m. Problems of anesthesia for patients with pulmonary disease will be discussed.

Course in General Medicine.—As a part of its course in general medicine the Postgraduate Medical Institute offers the following lectures for January:

Jan. 7 (Children's Medical Cent[illegible]), Proper Nutrition in Health and Disease, Perry J. Culver, Frederick J. Stare, and Harold C. Stuart, all of Boston.

Jan. 14 (New England Deaconess Hospital), The Jaundiced Patient, Chester M. Jones, Boston, Thomas C. Chalmers Jr., Cambridge, and Richard B. Cattell, Boston.

Jan. 21 (Children's Medical Center), Infectious Diseases and Chemotherapy, Louis Weinstein, Cutting B. Favour, and William M. Schmidt, all of Boston.

Jan. 28 (Boston City Hospital), Recognition of Early Cancer in Office Practice, Ernest M. Daland, Boston, Clifford C. Framseen, Brookline, Charles C. Lund, Boston, and Howard Ulfelder, Boston.

MINNESOTA

Clinical Chemistry for Physicians.—A continuation course in clinical chemistry, which will be presented by the University of Minnesota, Minneapolis, Feb. 2-4, 1953, has been designed to help the physician in setting up and supervising laboratory procedures in his own office or local hospital. Attendance will be limited, and instruction will consist principally of actual experience in the laboratory. Dr. Gerald T. Evans, professor of medicine, will be in charge of instruction.

Cancer Detection Course.—Under the auspices of the University of Minnesota, Minneapolis, and the Minnesota Cancer Society, a continuation course in cancer detection for general physicians will be presented Feb. 5-7. Registrants will spend the major share of their time in the university's Cancer Detection Center, where they will participate directly in the diagnostic activities. Registration will be limited, so that each registrant may obtain maximum benefit.

NEW YORK

Committee to Plan Research and Clinics on Alcoholism.—An advisory committee, appointed by Governor Dewey, will assist the state mental health commission in planning a program for community services and research on alcoholism. The commission is authorized to study problems including, but not limited to, incidence, availability of facilities for care and rehabilitation, treatment, research, and development of community services; the commission is also to provide for clinics for the treatment and rehabilitation of chronic alcoholics. The legislature has appropriated $145,000 for the clinic and research program. The following physicians are members of the advisory committee:

James E. Fish, director of Ellis Hospital, Schenectady; Marvin A. Block, chairman of the committee on problems of alcoholism, Erie County Medical Society, Buffalo; Harold W. Lovell, New York; John L. Norris, of the Eastman Kodak Company, Rochester; and S. Mouchly Small, consultant in psychiatry to the Veterans Administration, New York.

Personal.—Dr. Arthur M. Stokes, since 1944 director of the Tuberculosis Hospital at Mount Morris, has retired after 18 years of state service.——Dr. Joseph T. Doyle has been appointed assistant professor of medicine and director of the recently organized Cardiovascular Health Center at Albany Medical College (*J. A. M. A.* **150**:1495 [Dec. 13] 1952). Since 1949, Dr. Doyle has been associated with the Emory University (Ga.) School of Medicine, where he was engaged in cardiovascular research.——Dr. Beverly L. Vosburgh, Schenectady, has been named manager of health services for the General Electric Company.

Foundation Appoints Scientific Director.—Dr. Robert H. Broh-Kahn has been appointed scientific director of the Lasdon Foundation of Nepera Park, Yonkers, to coordinate research activities supported by grants made by the foundation, a nonprofit, philanthropic organization established in 1946, toward the furtherance of medical research. The foundation recently announced grants for medical research in 1952 totaling $264,424, which will be shared by more than a score of institutions in the United States and abroad. Dr. Broh-Kahn, formerly associate director of the May Institute for Medical Research and assistant professor of experimental medicine at the University of Cincinnati, has been clinical associate professor of medicine at the State University of New York College of Medicine at Syracuse.

New York City

Course in Cerebral Palsy.—Columbia University College of Physicians and Surgeons is giving a graduate course in cerebral palsy from Feb. 2 to April 24, 1953. Applications should be addressed to Marguerite Abbott, executive director, Coordinating Council for Cerebral Palsy, 270 Park Ave., New York.

Radioisotope Laboratory.—The Lenox Hill Hospital has established a radioisotope laboratory, primarily for the diagnostic and therapeutic use of I^{131} disorders and for the use of P^{32} in therapy of blood dyscrasias. As circumstances permit, it will be expanded for other clinical studies. The laboratory will be known as the Hannah Stieglitz Laboratory.

University News.—Dr. Clarence Dennis, professor of surgery, State University College of Medicine at New York City, was recently appointed executive officer of the department of surgery, succeeding Dr. E. Jefferson Browder, who has been made head of the new department of neurology and neurosurgery. ——Dr. Gray H. Twombly has been appointed professor of gynecology, New York University College of Medicine. Dr. Twombly served as an assistant professor of cancer research at the Columbia University College of Physicians and Surgeons from 1942 to 1947 and as assistant professor of clinical obstetrics and gynecology at the College of Physicians and Surgeons from 1948 until he joined the New York University medical faculty.

OHIO

Dr. Wiggers Honored.—Dr. Carl J. Wiggers, who has announced his intention to retire next June as head of the physiology department of Western Reserve University School of Medicine, Cleveland, was recently honored when a portrait was unveiled, and a scholarship, to be established in perpetuity in honor of Dr. and Mrs. Wiggers, was announced. A book of letters and testimonials from friends and associates in appreciation of his guidance, stimulation, and friendship was presented. Dr. and Mrs. Wiggers are both graduates of the University of Michigan Medical School, Ann Arbor, and their son, Dr. Harold C. Wiggers, is a professor of physiology at Albany (N. Y.) Medical College. Dr. Carl Wiggers is the author of several textbooks, including "Physiology in Health and Disease," now in its fifth edition, "Physiology of Shock," and "Circulatory Dynamics."

PENNSYLVANIA

Grant for Cancer Research.—A grant of $150,000, awarded to the Institute for Cancer Research at Fox Chase by the American Cancer Society, brings to $850,000 the total grants awarded to the institute by the cancer society during the last six years, exclusive of grants-in-aid to individual scientists working on special research.

Distinguished Daughters.—Among the 10 women selected as Pennsylvania's 1952 Distinguished Daughters were Dr. Jessie Wright, chief of staff of the D. T. Watson Home for Crippled Children, Leetsdale, and Dr. Helen O. Dickens, chief of obstetric and gynecologic services at the Mercy-Douglass Hospital, Philadelphia.

Philadelphia

Hospital Directors Needed.—The city of Philadelphia seeks a medical director and also a director of hospital administrative services for the 34th and Curie Unit of Philadelphia General Hospital, of which Dr. August H. Groeschel is executive director. Applicants may contact Mrs. Adele Hebb, personnel officer, public health department.

Alpha Omega Alpha Chapter Installed.—An initiation ceremony, followed by a banquet, recently marked the acceptance of the Hahnemann Medical College and Hospital of Philadelphia into the ranks of the Alpha Omega Alpha Honor Medical Society. Fourteen students and 50 Hahnemann physicians were inducted into the new Zeta chapter. The induction was conducted by Dr. Walter L. Bierring, Des Moines, Iowa, a Past President of the American Medical Association, who is national president and one of the founders of the fraternity. Dr. Josiah J. Moore, Chicago, national secretary, assisted Dr. Bierring, and Dr. John E. Gregory and Dr. Charles L. Brown, dean of Hahnemann, accepted the charter on behalf of the college.

TENNESSEE

Radioisotope Courses.—The Oak Ridge Institute of Nuclear Studies offers basic courses in radioisotope techniques in research on Jan. 5, Feb. 2, and March 2, 1953. Information on the one month courses may be obtained from Ralph T. Overman, Ph.D., chairman, Special Training Division, Oak Ridge Institute of Nuclear Studies, P. O. Box 117, Oak Ridge.

University News.—Dr. Paul Dudley Lamson, professor of pharmacology and head of the department at Vanderbilt University School of Medicine, Nashville, since 1925, retired recently and became professor of pharmacology, emeritus. Before coming to Vanderbilt, Dr. Lamson was associate professor of pharmacology at the Johns Hopkins University School of Medicine, Baltimore.——Dr. James G. Hughes, associate professor of pediatrics at the University of Tennessee College of Medicine, Memphis, has been advanced to the rank of professor.——The American Cyanamid Company, Lederle Laboratories Division, Pearl River, N. Y., has awarded a grant of $24,000 to the University of Tennessee College of Medicine, Memphis, to finance a study of the health of the aged. The primary purpose of the study, which is being conducted in cooperation with the John Gaston Hospital, teaching hospital of the college, is to determine the effects of small doses of aureomycin on persons over 50 years of age.—— Dr. Daniel T. Rolfe was recently named dean of the School of Medicine of Meharry Medical College, Nashville. He will continue as chairman of the department of physiology and pharmacology. Under his leadership $200,000 has been raised toward the construction of Alumni Hall, a sum to which the college has added $400,000.

VIRGINIA

New Dean at Charlottesville.—Dr. Thomas Harrison Hunter, associate dean of Washington University School of Medicine, St. Louis, has been selected dean of the University of Virginia School of Medicine, Charlottesville, succeeding Dr. Vernon W. Lippard, who resigned to become dean of medicine at Yale University (*J. A. M. A.* **149**:950 [July 5] 1952). Dr. Hunter will assume his new duties Feb. 1, 1953.

Tumor Clinic.—The recently organized tumor clinic at the Louise Obici Memorial Hospital, Suffolk, will meet in the x-ray department on the second and fourth Tuesdays of each month. Any patient, indigent or otherwise, may be referred to the clinic. All patients will be sent back to the referring physician with a summary of the findings and recommendations. The clinic will not undertake specific therapy. Correspondence may be addressed to Tumor Clinic, Louise Obici Memorial Hospital, Suffolk, Va.

Personal.—Dr. Oliver B. Bobbitt has been appointed director of the clinical laboratories and chairman of the School of Clinical Pathology of the University of Virginia School of Medicine, Charlottesville.——Dr. Arthur Ebbert Jr. has been appointed assistant to the dean of the University of Virginia School of Medicine and instructor in internal medicine.——Dr. Charles L. Outland, medical director of the Richmond public schools for 20 years, has received the William A. Howe award of the American School Health Association.——Dr. William I. Pritchard, for several years superintendent of the Petersburg State Colony, has been named superintendent of the Lynchburg State Colony.——Dr. Robert E. Booker of Lottsburg was recently tendered a reception at the Bethany Baptist Church in honor of his 50 years of medical service to the community and as an active member of the church in which he had served for many years as deacon. Two of his sons, Drs. C. Leonard and James M. Booker, have been working with their father since their graduation.

GENERAL

Papers for Venereal Disease Symposium.—Investigators wishing to present papers for the 50th annual symposium on recent advances in the study of venereal diseases, which will be held in Washington, D. C., under the joint auspices of the American Venereal Disease Association and the Study Section of Experimental Therapeutics, National Institutes of Health, may submit tentative titles and brief abstracts not exceeding 200 words to the chairman of the program committee, Dr. Joseph E. Moore, 804 Medical Arts Bldg., Baltimore 1, Md., before Dec. 31.

Group Psychotherapy Meeting.—The American Group Psychotherapy Association will hold its annual conference Jan. 9-10, 1953, at the Henry Hudson Hotel, New York, under the presidency of Dr. Lewis H. Loeser, Newark, N. J. One session will be devoted to a discussion of "The Applications of Group Psychotherapy to Related Fields," including education, government, and industry; another session will deal with the theoretic aspects of group psychotherapy. Panel meetings dealing with group psychotherapy in (1) general hospitals, (2) child guidance, (3) private practice, (4) correctional institutions, (5) mental hospitals, and (6) related fields are also announced.

Meeting of Otolaryngologists.—The Southern Section meeting of the American Laryngological, Rhinological and Otological Society, Inc., will begin at 9 a. m. Jan. 12 in the Andrew Jackson Hotel, Nashville, Tenn. The following papers will be presented:

Anhydrous Furacin Ear Solution in Treatment of Chronic Suppurative Otitis Media, James C. Peele, Kinston, N. C.

Laboratory Management of Virus Diseases, Morris Schaeffer, Montgomery, Ala.

Medical Services to the Hearing and Speech Handicapped in Tennessee, Robert M. Foote, Nashville, Tenn.

Tracheal Obstruction Due to Congenital Vascular Anomalies, H. William Scott Jr. and Rollin A. Daniel Jr., Nashville, Tenn.

Further Clinical Observations on the Glomus Jugulare Tumor of the Middle Ear, Lester A. Brown, Atlanta, Ga.

Relationship of Septum Reconstruction to External Nasal Deformities, Ralph H. Riggs, Shreveport, La.

Congress on Fertility and Sterility.—The first World Congress on Fertility and Sterility, which will be held May 25-31, 1953, at the Henry Hudson Hotel in New York, is sponsored by the International Fertility Association, with the cooperation of the American Society for the Study of Sterility. Twenty-three scientific sessions, including sessions dealing with socioeconomic factors, psychosomatic aspects, and artificial insemination, will be conducted in English, French, and Spanish, with the use of earphones and simultaneous translations. There will also be medical round-table discussions, question-and-answer periods, scientific exhibits, and motion pictures. For reservation, write the Chairman of the Local Arrangements Committee, World Congress on Fertility and Sterility, 1160 Fifth Ave., New York 29.

Prevalence of Poliomyelitis.—According to the National Office of Vital Statistics, the following number of reported cases of poliomyelitis occurred in the United States, its territories, and possessions in the weeks ended as indicated:

Area	Dec. 6, 1952	Nov. 29, 1952	Dec. 8, 1951
New England States			
Maine	1	5	1
New Hampshire	1	..	..
Vermont	1	1	..
Massachusetts	2	5	3
Rhode Island	2	..	..
Connecticut	2	3	1
Middle Atlantic States			
New York	23	41	9
New Jersey	5	8	..
Pennsylvania	5	12	10
East North Central States			
Ohio	31	24	11
Indiana	7	8	6
Illinois	40	23	6
Michigan	26	38	16
Wisconsin	10	12	7
West North Central States			
Minnesota	47	35	13
Iowa	13	11	2
Missouri	18	8	6
North Dakota	9	5	..
South Dakota	18	14	1
Nebraska	31	19	4
Kansas	4	8	10
South Atlantic States			
Delaware	1	1	..
Maryland	2	1	3
District of Columbia	2	3	1
Virginia	8	2	4
West Virginia	3	5	3
North Carolina	15	6	4
South Carolina	3	..	..
Georgia	6	3	5
Florida	13	12	7
East South Central States			
Kentucky	8	22	5
Tennessee	5	8	5
Alabama	3	6	8
Mississippi	4	2	22
West South Central States			
Arkansas	4	2	13
Louisiana	4	4	7
Oklahoma	4	4	2
Texas	17	9	57
Mountain States			
Montana	5	1	2
Idaho	3	4	6
Wyoming	1	2	4
Colorado	14	8	5
New Mexico	9	8	1
Arizona	8	6	2
Utah	13	16	13
Nevada	1	5	2
Pacific States			
Washington	20	22	10
Oregon	8	6	6
California	115	174	75
Territories and Possessions			
Alaska	6	3	..
Hawaii	..	6	..
Puerto Rico	3	..	..
Total	694	831	378

Society News.—The Friends of the Armed Forces Medical Library, Washington, D. C., have elected Dr. Henry R. Viets, Boston, chairman, and Dr. Robert M. Stecher, Cleveland, secretary-treasurer, and chosen as members of the executive committee Dr. Edward H. Cushing, Washington, D. C., Dr. Edward B. Krumbhaar, Philadelphia, and Atherton Seidell, Ph.D., Washington, D. C.——The American Cancer Society recently announced that contributions totalling $16,477,086 had been made to the organization this year.——At its annual meeting the American Association of Genito-Urinary Surgeons in-

stalled Dr. Albert J. Scholl, Los Angeles, as president, elected Dr. Vincent J. O'Conor, Chicago, vice-president, and reelected Dr. Norris J. Heckel, Chicago, secretary-treasurer. Dr. Edward W. Campbell, Philadelphia, was elected to serve on the board of governors of the college for the next three year term.

World Medical Association to Meet in Virginia.—Dr. Louis H. Bauer, Hempstead, N. Y., President of the American Medical Association, recently announced that the World Medical Association, of which he is secretary-general, is calling its first western hemisphere conference, to be held in Richmond, Va., April 23-25, 1953. Meeting jointly with the World Medical Association will be the Pan American Medical Confederation. In anticipation of the conference, the Hon. John S. Battle, governor of Virginia, has sent to each of the 47 other governors a request that a 75-year-old physician from each state be appointed to attend the diamond anniversary and bear witness to medical advances that have taken place within his lifetime. These senior guests will be greeted by Dr. Bauer and by medical leaders of Latin America. Included in the program will be visits to the state's historic spots. Travel and other expenses of delegates from medical societies of the American republics and of the 75-year-old guests are being met through a grant by E. Claiborne Robins, whose grandfather founded A. H. Robins Co., Inc., pharmaceutical house of Richmond, 75 years ago.

FOREIGN

New Medical Position Created in Royal Household.—Dr. Wilfrid P. Sheldon, physician for diseases of children, Kings College Hospital, London, has been appointed a member of the royal household of Queen Elizabeth II, with the title of physician-pediatrician. This is said to be the first instance of a pediatrician receiving an official position and title in the household of a royal family.

Meeting of Rheumatologists.—The Society of Uruguayan Rheumatologists will hold a meeting in Montevideo March 8-12, 1953, for Uruguayan and foreign physicians specializing in rheumatology. The official topics include chronic polyarthritis, rheumatic fever, and social problems of rheumatism. Information may be obtained from Juan M. Aguirre Gonzalez, Av. Agraciada No. 1464, Piso 13, Montevideo, Uruguay.

The Mecca Pilgrimage—According to the World Health Organization, the Mecca pilgrimage has always presented serious health problems because of the danger of plague, smallpox, cholera, and typhus. Today each pilgrim is subjected to a thorough physical examination before he leaves his country and before he sets foot in Arabia. The Mecca pilgrimage of 1952 has been reported free of infection. In 1952, of the pilgrims counted at the ceremonies, 110,919 arrived from abroad by sea, 25,862 by air, and 3,426 by land. The pilgrims came principally from India, Pakistan, Indonesia, Egypt, the Sudan, Lebanon, Turkey, Iraq, Tunisia, Algeria, and Morocco.

International Hospital Congress.—The Eighth International Hospital Congress, organized by the International Hospital Federation, will be held in London, May 25-30, 1953, during the week immediately preceding the coronation of Her Majesty Queen Elizabeth. Dr. René Sand, emeritus professor of social medicine at the University of Brussels and president of the International Hospital Federation, will serve as chairman. The central theme of the congress will be "Preventive Medicine as a Major Function of the Hospital, and Its Implications." Participation is open to persons interested in any branch of hospital and health service, whether members of the International Hospital Federation or not. Details may be obtained from the Honorary Secretary and Treasurer, Capt. J. E. Stone, C.B.E., M.C., F.S.A.A., International Hospital Federation, 10 Old Jewry, London E.C.2., England.

Malaria Control in Burma.—The regional office of WHO for South East Asia reports a successful project in malaria control in Lashio, railhead for the Burma Road in Burma's Northern Shan States. Four months after 355 villages with a population of 55,000 had their first round of chlorophenothane (DDT) spraying, officials stated that malaria had disappeared from areas where previously almost the whole population had been victims. The project is operated by a team of 25 Burmese health workers assisted by 7 specialists and technicians from WHO. Surveys show that, in villages where previously one-third of the babies became infected with malaria during their first year, not one baby born since the village was chlorophenothane-sprayed has become infected. This has been established for a series of villages by microscopic examination of blood from hundreds of babies. Similar examinations among older persons show a general 80% reduction of malaria. The team has captured and classified 26,000 mosquitoes. More than half that number have been dissected to see whether they were carrying malaria infection. The necessary supplies and equipment have been obtained from the United States government. During 1953 the team intends, with continuing assistance from WHO, to give antimalaria protection to a population of 110,000.

MEETINGS

AMERICAN MEDICAL ASSOCIATION: Dr. George F. Lull, 535 North Dearborn St., Chicago 10, Secretary.

1953 Annual Session, New York, June 1-5.

1953 Clinical Session, St. Louis, Dec. 1-4.

1954 Annual Session, San Francisco, June 21-25.

1954 Clinical Session, Miami, Florida, Nov. 30-Dec. 3.

ANNUAL CONGRESS ON INDUSTRIAL HEALTH, Drake Hotel, Chicago, Jan. 20-22. Dr. Carl M. Peterson, 535 N. Dearborn St., Chicago 10, Secretary.

ANNUAL CONGRESS ON MEDICAL EDUCATION AND LICENSURE, Palmer House, Chicago, Feb. 9-10. Dr. Donald G. Anderson, 535 North Dearborn St., Chicago, Secretary.

NATIONAL CONFERENCE ON RURAL HEALTH, Roanoke Hotel, Roanoke, Va., Feb. 27-28. Mrs. Arline Hibbard, 535 N. Dearborn St., Chicago 10, Secretary.

STUDENT AMERICAN MEDICAL ASSOCIATION, Sheraton Hotel, Chicago, Dec. 29-30. Mr. Russell F. Staudacher, 535 North Dearborn St., Executive Secretary.

AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS, Palmer House, Chicago, Jan. 24-29. Dr. John R. Notcross, 122 South Michigan Avenue, Chicago 3, Secretary.

AMERICAN COLLEGE OF RADIOLOGY, Palmer House, Chicago, Feb. 6. Mr. William C. Stronach, 20 North Wacker Drive, Chicago 6, Executive Secretary.

AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY:
EASTERN SECTION, Hotel Syracuse, Syracuse, N. Y., Jan. 7. Dr. Francis W. Davison, Danville, Pa., Chairman.

MIDDLE SECTION, Drake Hotel, Chicago, Jan. 19. Dr. Ralph J. McQuiston, 20 North Meridian St., Indianapolis 4, Chairman.

SOUTHERN SECTION, Andrew Jackson Hotel, Nashville, Tenn., Jan. 12. Dr. Lester A. Brown, 490 Peachtree St., N.E., Atlanta 3, Ga., Chairman.

WESTERN SECTION, Elks Club, Los Angeles, Jan. 24. Dr. Howard P. House, 1136 West Sixth St., Los Angeles 14, Chairman.

AMERICAN PROTESTANT HOSPITAL ASSOCIATION, Palmer House, Chicago, Feb. 10-13. Mr. Albert G. Hahn, Protestant Deaconess Hospital, Evansville, Ind., Executive Secretary.

INTERNATIONAL POST-GRADUATE MEDICAL ASSEMBLY OF SOUTHWEST TEXAS, Municipal Auditorium, San Antonio, Texas, Jan. 27-29. Dr. John M. Smith Jr., P. O. Box 2445, San Antonio 6, Texas, Secretary.

NORTHWEST SOCIETY FOR CLINICAL RESEARCH, Seattle, Jan. 16-17. Dr. Arthur L. Rogers, 1216 S.W. Yamhill St., Portland 5, Ore., Secretary

REGIONAL MEETINGS, AMERICAN COLLEGE OF PHYSICIANS:
EASTERN PENNSYLVANIA, Philadelphia, Jan. 16. Mr. E. R. Loveland, 4200 Pine St., Philadelphia 4, Executive Secretary.

COLORADO, Denver, February 17. Mr. E. R. Loveland, 4200 Pine St., Philadelphia 4, Executive Secretary.

SECTIONAL MEETINGS, AMERICAN COLLEGE OF SURGEONS:
CINCINNATI, The Netherland Plaza, Jan. 19-21. Dr. M. M. Zinninger, Cincinnati General Hospital, Cincinnati 29, Chairman.

SOCIETY OF UNIVERSITY SURGEONS, Washington University, St. Louis, Feb. 12-14. Dr. Clarence Dennis, Kings County Hospital, Brooklyn, N. Y., Secretary.

U. S. CHAPTER, INTERNATIONAL COLLEGE OF SURGEONS, SURGICAL DIVISION MEETINGS:

TRI-STATE ASSEMBLY OF TEXAS, Arkansas and Oklahoma, Adolphus Hotel, Dallas, Texas, Feb. 5-7. Dr. Curtice Rosser, 710 Medical Arts Bldg., Dallas, Texas, Chairman.

PENNSYLVANIA AND SURROUNDING STATES, Bellevue-Stratford Hotel, Philadelphia, Feb. 13-14. Dr. Moses Behrend, 225 South 17th St., Philadelphia, Chairman.

WESTERN SOCIETY FOR CLINICAL RESEARCH, Carmel, Calif., Jan. 30-31. Dr. Herbert N. Hultgren, Stanford Hospital, San Francisco 15, Secretary.

INTERNATIONAL

CONGRESS OF INTERNATIONAL LEAGUE AGAINST RHEUMATISM, Geneva and Zurich, Switzerland, Aug. 24-29, 1953. For information write: Dr. W. Tegner, The London Hospital, London E.1, England.

CONGRESS OF THE INTERNATIONAL SOCIETY OF SURGERY, Lisbon, Portugal, Sept. 15-20, 1953. Dr. L. Dejardin, 141, rue Belliard, Brussels, Belgium, General Secretary.

INTER-AMERICAN SESSION, AMERICAN College of Surgeons, Paulista Medical Association Bldg., Sao Paulo, Brazil, Feb. 9-12, 1953. Dr. Moacyr Eyck Alvaro, 1151 Conselacao, Sao Paulo, Brazil, Chairman.

INTERNATIONAL CONGRESS OF AUDIOLOGY, Groningen, Netherlands, June 5-6, 1953. Dr. Gunnar Holmgren, Strandvagen 5A, Stockholm, Sweden, President.

INTERNATIONAL CONGRESS OF ELECTROENCEPHALOGRAPHY AND CLINICAL NEUROPHYSIOLOGY, Boston, Mass., U. S. A., Aug. 18-21, 1953. Dr. Robert S. Schwab, Massachusetts General Hospital, Boston 14, Mass., U. S. A., Secretary-General.

INTERNATIONAL CONGRESS FOR HISTORY OF SCIENCE, Jerusalem, Israel, August 3-7, 1953. Prof. F. S. Bodenheimer, Hebrew University, Jerusalem, Israel, President.

INTERNATIONAL CONGRESS ON MEDICAL LIBRARIANSHIP, London, England, July 20-25, 1953. Mr. W. R. LeFanu, % London School of Hygiene and Tropical Medicine, Keppel Street, London, W.C.1, England, Chairman.

INTERNATIONAL CONGRESS OF MICROBIOLOGY, Rome, Italy, Sept. 6-12, 1953. For information write: Dr. V. Puntoni, Citta Universitaria, Rome, Italy.

INTERNATIONAL CONGRESS OF OTORHINOLARYNGOLOGY, Amsterdam, Netherlands, June 8-15, 1953. Dr. W. H. Struben, J. J. Viottastraat 1, Amsterdam, Netherlands, Secretary.

INTERNATIONAL CONGRESS OF PAEDIATRICS, Havana, Cuba, Oct. 12-17, 1953. Prof. Felix Hurtado, 5a Avenue 124, Miramar, Havana, Cuba, President.

INTERNATIONAL CONGRESS OF RADIO-BIOLOGY, Copenhagen, Denmark, July 14-25, 1953. Prof. Flemming Norgaard, Oster Voldgade 10, Copenhagen K, Denmark, Secretary General.

INTERNATIONAL CONGRESS OF RADIOLOGY, Copenhagen, Denmark, July 19-25, 1953. Professor Flemming Norgaard, 10 Oster Voldgade, Copenhagen K., Denmark, Secretary General.

INTERNATIONAL CONGRESS OF THALASSOTHERAPY, Dubrovnick, Yugoslavia, May 17-25, 1953. Prof. C. Plavsic, Mavrodne Republick 51, Belgrade, Yugoslavia, Secretary General.

INTERNATIONAL CONGRESSES OF TROPICAL MEDICINE AND MALARIA, Istanbul, Turkey, Aug. 28-Sept. 4, 1953. Professor Dr. Ihsan Sükrü Aksel, Tunel Meydam, Beyoglu, Istanbul, Turkey, General Secretary.

INTERNATIONAL FERTILITY ASSOCIATION, New York, N. Y., U. S. A., May 25-31, 1953. Dr. Abner I. Weisman, 1160 Fifth Avenue, New York 29, N. Y., U. S. A., Associate Secretary General.

INTERNATIONAL HOSPITAL CONGRESS, London, England, May 25-30, 1953. Capt. J. E. Stone, 10 Old Jewry, London, EC2, England, Hon. Secretary.

INTERNATIONAL LEPROSY CONGRESS, Madrid, Spain, Oct. 3-10, 1953. Dr. Felix Contreras, Moreto 15, Madrid, Spain, Secretary.

INTERNATIONAL PHYSIOLOGICAL CONGRESS, Montreal, Canada, Aug. 31-Sept. 4, 1953. Dr. A. S. V. Burgen, Dept. of Physiology, McGill University, Montreal, Canada, Secretary.

INTERNATIONAL UNION AGAINST CANCER AND INTERNATIONAL CANCER RESEARCH COMMISSION, Joint Meeting, Bombay, India, Dec. 28. Prof. Khanolkar, Tata Memorial Hospital, Bombay, India, President.

INTERNATIONAL VETERINARY CONGRESS, Stockholm, Sweden, Aug. 9-15, 1953. Prof. Axel Isaksson, Institute of Veterinary Medicine, Stockholm 50, Sweden, Secretary.

PAN AMERICAN CONGRESS OF THE MEDICAL PRESS, Buenos Aires, Argentina, July 12-16, 1953. Secretaria del Congress, 763 Uriburu, Buenos Aires, Argentina.

PAN AMERICAN MEDICAL ASSOCIATION, International Medical Cruise Congress, S. S. Nieuw Amsterdam, Jan. 7-19. Executive Offices, 745 Fifth Ave., New York 22, N. Y.

WORLD CONFERENCE ON MEDICAL EDUCATION, British Medical Association House, Tavistock Square, W.C.1, London, England, Aug. 24-29, 1953. Secretariat: World Medical Association, 2 East 103d St., New York 29, N. Y., U. S. A.

WORLD CONGRESS OF THE WORLD CONFEDERATION FOR PHYSICAL THERAPY, London, England, Sept. 7-12, 1953. Miss M. J. Neilsen, Chartered Society of Physiotherapy, Tavistock House, South, Tavistock Square, London, W.C.1, England, Secretary

WORLD MEDICAL ASSOCIATION, Amsterdam, Holland, Aug. 31-Sept. 6, 1953. Dr. Louis H. Bauer, 2 East 103d St., New York 29, N. Y., Secretary-General.

EXAMINATIONS AND LICENSURE

NATIONAL BOARD OF MEDICAL EXAMINERS

NATIONAL BOARD OF MEDICAL EXAMINERS: *Parts I and II.* All centers where there are five or more candidates. Feb. 9-11, April 20-21 (Part II only), June 22-24 and Sept. 8-10 (Part I only). Candidates may file applications at any time, but the National Board must receive them at least six weeks before the date of the examination they wish to take. Final date for filing application for the February examination is December 29. Exec. Sec., Dr. John P. Hubbard, 133 South 36th St., Philadelphia 4.

EXAMINING BOARDS IN SPECIALTIES

AMERICAN BOARD OF ANESTHESIOLOGY: *Written.* Various locations, July 17. Final date for filing applications is January 17. Sec., Dr. C. B Hickcox, 80 Seymour St., Hartford 15.

AMERICAN BOARD OF NEUROLOGICAL SURGERY: *Oral.* Chicago, May or June 1953. Final date for filing application for the oral examination is Jan. 15, 1953. Sec., Dr. Leonard T. Furlow, Washington University School of Medicine, Kingshighway and Euclid Ave., St. Louis.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY: *Written.* Various Centers, Feb. 6, 1953. Final date for filing applications is Nov. 1. *Oral and Pathological, Part II.* Chicago, May 17-24, Final date for filing application is Feb. 1. Sec., Dr. R. L. Faulkner, 2105 Adelbert Road, Cleveland 6.

AMERICAN BOARD OF OPHTHALMOLOGY: *Written.* Various Centers, January 1953. Final date for filing applications was July 1. *Practical.* New York City, June 6-10, 1953. Sec., Dr. Edwin B. Dunphy, 56 Ivie Road, Cape Cottage, Maine.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY: *Part II.* Chicago, Jan. 21-23. Sec., Dr. Harold A. Sofield, 122 South Michigan Ave., Chicago 3.

AMERICAN BOARD OF OTOLARYNGOLOGY: *Oral.* New Orleans, April 21-25, 1953. Sec., Dr. Dean M. Lierle, University Hospital, Iowa City.

AMERICAN BOARD OF PEDIATRICS: *Written.* Examinations under local monitors will be held on Jan. 16. This is the only written examination which will be given during 1953. *Oral.* Baltimore, Feb. 20-22; Memphis, March 27-29; Philadelphia, May 1-3; Detroit or Ann Arbor, June; Place undecided, Oct. 9-11 (tentative); Indianapolis, November. Exec. Sec., Dr. John McK. Machell, 6 Cushman Road, Rosemont, Pa.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION. *Oral and Written.* May 30-31. Final date for filing applications is March 15. Sec., Dr. Robert L. Bennett, 30 N. Michigan Blvd., Chicago.

AMERICAN BOARD OF PLASTIC SURGERY: Final date for receipt of case reports for the spring examination (May-June) is January 1 of each year. Final date for receipt of case reports for the fall examination (October-November) is June 1 of each year.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY: New York City, Dec. 15-16. Final date for filing applications was Sept. 15. *Written.* San Francisco, April 30-May 1. Sec.-Treas., Dr. David A. Boyd, Jr., 102-110 Second Ave., S.W., Rochester, Minn.

AMERICAN BOARD OF RADIOLOGY: *Oral.* Dec. 1-7. Final date for filing application was June 1. *Oral.* Tampa, April 8-15 Sec., Dr. B. R. Kirklin, 102-110 Second Ave., S.W., Rochester, Minn.

AMERICAN BOARD OF SURGERY: *Written.* Various Centers, March 1953. Final date for filing application is Dec. 1. Sec., Dr. John B. Flick, 225 S. 15th St., Philadelphia.

AMERICAN BOARD OF UROLOGY: *Written.* Various Centers, December. *Oral.* Chicago, Feb. 7-11. Sec., Dr. Harry Culver, 30 Westwood Road, Minneapolis 16, Minn.

BOARD OF THORACIC SURGERY: *Written.* Various Centers, Feb. 27. Final date for filing applications is Jan. 1 Sec., Dr. Wm. M. Tuttle, 1151 Taylor Ave., Detroit 2.

DEATHS

McCaw, William Walker ♦ Colonel, U. S. Army, retired, Greeley, Colo.; born in McKeesport, Pa., July 13, 1890; University of Pittsburgh School of Medicine, 1916; appointed first lieutenant in the regular Army in 1917; remained in military service until retirement June 30, 1946; attained the rank of colonel July 31, 1943; served in France in 1918 as a battalion surgeon with the 8th Field Artillery regiment; after the Armistice served in Germany with the Army of Occupation, at the camp hospital at Camp Meucon, France, and at the base hospital at St. Nazaire; after returning to the United States became post surgeon at Fort Ontario, N. Y.; studied at the Army medical school; served at Beaumont General Hospital, El Paso, Texas, and as director of roentgenology department, Army Medical Center, Washington, D. C., at the Gorgas Memorial Hospital, Panama, the Fitzsimons General Hospital, Denver, the Sternberg General Hospital, Manila, and as department surgeon in Alaska; in 1945 was awarded the Legion of Merit; specialist certified by the American Board of Radiology; member of the American College of Radiology; chief radiologist at the Weld County Hospital; died in Fitzsimons Army Hospital Nov. 6, aged 62, of bronchogenic carcinoma.

Mercer, Richard Edward, Highland Park, Mich.; born in Pickering, England, Jan. 10, 1874; Detroit College of Medicine, 1897; member of the American Academy of Ophthalmology and Otolaryngology and the American Laryngological, Rhinological and Otological Society; fellow of the American College of Surgeons; specialist certified by the American Board of Laryngology; emeritus professor of physical diagnosis at his alma mater, now known as Wayne University College of Medicine; for many years affiliated with Providence Hospital, where from 1918 to 1928 he served as president of the staff, and continued as a member of the executive committee until 1934; on the staff of Florence Crittendon Hospital and on the consulting staff of Receiving Hospital; died Oct. 28, aged 78, of multiple cerebral infarctions.

Barker, James Orrin ♦ Trenton, Tenn.; University of Tennessee College of Medicine, Memphis, 1931; served during World War II; died Aug. 5, aged 46, of suffocation as the result of a fire in his home.

Barr, Hugh ♦ Nashville, Tenn.; Vanderbilt University School of Medicine, Nashville, 1907; affiliated with Mid-State Baptist Hospital, where he died Aug. 3, aged 67, of acute myocardial infarction.

Barton, John James ♦ Dublin, Ga.; University of Georgia Medical Department, Augusta, 1891; died recently, aged 82.

Baynes, Ralph Henry, Hurdle Mills, N. C.; University of Maryland School of Medicine, Baltimore, 1914; died in Watts Hospital in Durham Aug. 25, aged 61, of uremia, subacute glomerular nephritis, and hypertension.

Berg, Walter Richard ♦ Gillett, Wis.; Marquette University School of Medicine, Milwaukee, 1926; for many years president of the Oconto County Medical Society; served during World War I; affiliated with Oconto (Wis.) County and City Hospital, and Bellin Memorial and St. Vincent's hospitals in Green Bay; died Oct. 28, aged 57, of myocarditis.

Binney, Robert Webster ♦ Granite City, Ill.; Washington University School of Medicine, St. Louis, 1897; member of the Industrial Medical Association; past president of the Madison County Medical Society; affiliated with St. Elizabeth Hospital; died Oct. 28, aged 79, of cerebral hemorrhage.

Buchberg, Moses, New York; Medizinische Fakultät der Universität, Vienna, Austria, 1911; died in East Brunswick Township, N. J., Aug. 23, aged 70, of arteriosclerosis.

Burke, William A., Omaha; Drake University Medical Department, Des Moines, 1891; died Oct. 18, aged 94.

♦ Indicates Member of the American Medical Association.

Carroll, William Franklin, Lincoln, Ill.; University of Illnois College of Medicine, Chicago, 1916; died Aug. 14, aged 67, of myocarditis.

Clements, Robert ♦ Bryson City, N. C.; Northwestern University Medical School, Chicago, 1905; an Associate Fellow of the American Medical Association; member of the Illinois State Medical Society; past president of the Vermilion County (Ill.) Medical Society; for many years practiced in Danville, Ill., where he was affiliated with St. Elizabeth and Lake View hospitals; died Oct. 14, aged 75, of heart disease.

Davidson, Green LaFayette ♦ Wharton, Texas; Medical College of Alabama, Mobile, 1889; president of the Wharton-Jackson Counties Medical Society; died Oct. 31, aged 85.

Davis, Edgar Cross ♦ Dover, Ohio; University of Wooster Medical Department, Cleveland, 1909; affiliated with Union Hospital, where he died Oct. 25, aged 66, of coronary thrombosis.

DiFiglia, Samuel Ernest ♦ Corona, N. Y.; Long Island College of Medicine, Brooklyn, 1931; specialist certified by the American Board of Internal Medicine; awarded Selective Service medal by Congress for his service as examining physician during World War II; affiliated with Flushing (N. Y.) Hospital and Queens General Hospital in Jamaica; died recently, aged 45.

Elkins, Harry, Augusta, Maine; Fordham University School of Medicine, New York, 1911; specialist certified by the American Board of Psychiatry and Neurology; served during World War I; for 31 years on staff of Augusta State Hospital, where for the last 10 years he was assistant superintendent; died Oct. 3, aged 65, of pulmonary edema and cardiac decompensation.

Ehaesser, Armin Emil ♦ Youngstown, Ohio; Universität Bern Medizinische Fakultät, Switzerland, 1903; member of the International College of Surgeons; fellow of the American College of Surgeons; affiliated with Youngstown Hospital; died Oct. 28, aged 77.

Fabyan, Marshal ♦ Boston; Harvard Medical School, Boston, 1904; member of the American Association of Pathologists and Bacteriologists; formerly on the faculty of his alma mater; died Oct. 19, aged 73.

Foote, James Arthur ♦ Lincoln Park, Mich.; Detroit College of Medicine and Surgery, 1924; served on the staffs of the Delray General Hospital in Detroit and the Wyandotte (Mich.) General Hospital; died Oct. 27, aged 56, of brain tumor.

Frank, S. Rosa ♦ Dallas, Texas; University of Texas School of Medicine, Galveston, 1922; died Oct. 26, aged 59.

Freitag, Abraham, Yonkers, N. Y.; Middlesex College of Medicine and Surgery, Waltham, 1928; resident at the Professional Hospital; died Sept. 12, aged 51.

Gorin, Nathan ♦ Brookline, Mass.; Boston University School of Medicine, 1917; instructor in pediatrics at Harvard Medical School in Boston; specialist certified by the American Board of Pediatrics; member of the New England Pediatric Society; died Sept. 4, aged 55.

Humphrey, Thomas Stanton, Springfield, Ga.; Baltimore University School of Medicine, 1897; died Aug. 20, aged 76, of acute myocardial failure.

Humphreys, Alexander S., Morven, Ga.; Atlanta Medical College, 1892; died in Brooks County Hospital, Quitman, Aug. 28, aged 86, of cardiorenal disease.

Joseph, George Earl ♦ Salem, Mo.; St. Louis University School of Medicine, 1919; died Sept. 27, aged 61.

Kinzel, Chester Earle, Wilmington, Ohio; Starling Medical College, Columbus, 1906; for many years county coroner; on the staff of Clinton Memorial Hospital, where he died Sept. 26, aged 70, of cerebral hemorrhage.

Lannin, Justin C. ✦ Mabel, Minn.; McGill University Faculty of Medicine, Montreal, Canada, 1909; died Aug. 26, aged 69.

Leatherman, Cameron Arthur ✦ Muncie, Ind.; Indiana University School of Medicine, Indianapolis, 1909; member of the Industrial Medical Association; died in Ball Memorial Hospital Oct. 25, aged 67, of myocardial infarction and coronary sclerosis.

McClanahan, Victor A. ✦ Aledo, Ill.; Keokuk (Ia.) Medical College, 1894; an Associate Fellow of the American Medical Association; past president and for many years secretary of the Mercer County Medical Society; for many years county coroner and member of the board of health; member emeritus of the Illinois State Medical Society, which honored him in 1944 with a 50 year pin; medical examining officer for the Selective Service System for World Wars I and II; died in Mercer County Hospital Oct. 25, aged 83, of uremia and arteriosclerotic heart disease.

McConnell, William C., Lawrence, Kan.; University Medical College of Kansas City, 1894; past president of the Douglas County Medical Society; served on the school board and in 1929-1930 was president; died in Lawrence Memorial Hospital Oct. 21, aged 85, of coronary arteriosclerosis.

McCreery, Robert Charles ✦ Erick, Okla.; Eclectic Medical University, Kansas City, Mo., 1905; College of Physicians and Surgeons, Little Rock, 1908; served during World War I; died Oct. 12, aged 83.

McRaven, Claude, Marston, Mo.; National University of Arts and Sciences Medical Department, St. Louis, 1915; first president of the New Madrid County Medical Society; formerly mayor; served during World Wars I and II; member of the school board; affiliated with Southeast Hospital in Cape Girardeau, where he died Oct. 14, aged 65, of uremia.

Mize, Guy Hayne ✦ San Francisco; Cooper Medical College, San Francisco, 1906; affiliated with St. Francis Hospital, where he died Oct. 14, aged 70, of myocardial failure.

Morr, John W. ✦ Albion, Ind.; Fort Wayne (Ind.) College of Medicine, 1894; died Oct. 25, aged 81, of uremia and chronic nephritis.

Napheys, William Davison, North Hollywood, Calif.; Northwestern University Medical School, Chicago, 1906; died Oct. 23, aged 60, of injuries received when struck by an automobile.

Nicholson, John Lawrence, Washington, N. C.; University of Maryland School of Medicine, Baltimore, 1904; died in Tayloe Hospital Aug. 10, aged 73, of coronary arteriosclerotic heart disease.

Pearson, Richard James, Tampa, Fla.; University of Buffalo School of Medicine, 1902; on the honorary staff of Tampa Hospital; died Oct. 25, aged 77, of cerebral hemorrhage.

Peeler, John H., Salisbury, N. C.; University College of Medicine, Richmond, 1899; died in Rowan Memorial Hospital Aug. 13, aged 80, of cerebral thrombosis.

Puetz, Anthony ✦ Cleveland; Magyar Királyi Tisza-István Tudományegyetem Orvosi Fakultasa, Debrecen, Hungary, 1922; served on the staff of St. Luke's Hospital, where he died Oct. 6, aged 56.

Pushin, Benjamin Franklin ✦ Cincinnati; Eclectic Medical College, Cincinnati, 1921; affiliated with St. Mary's and Deaconess hospitals; died in Holmes Hospital Oct. 20, aged 56, of coronary thrombosis.

Riggs, John Max, Kahoka, Mo.; University of Missouri School of Medicine, Columbia, 1906; died Aug. 28, aged 70.

Riggs, Roland Winfield, Youngstown, Ohio; University of Michigan Medical School, Ann Arbor, 1916; formerly practiced in Marietta and was past president of the Washington County Medical Society; died in South Side Hospital Sept. 9, aged 65.

Schnurman, Albert George ✦ Roanoke, Va.; University of Virginia Department of Medicine, Charlottesville, 1938; served during World War II; died Aug. 21, aged 41.

Shearer, Margery Grace Carroll ✦ Elizabeth, Colo.; University of California Medical School, San Francisco, 1928; died Sept. 27, aged 50, of acute septicemia.

Shields, George Emmet, Malina, Ohio; Ohio State University College of Medicine, Columbus, 1918; member of the American Urological Association; died in Ashtabula Aug. 16, aged 56.

Smith, Arthur Noble, Toledo, Ohio; Starling-Ohio Medical College, Columbus, 1909; served during World War I; died in St. Luke's Hospital Oct. 5, aged 66, of cerebral hemorrhage.

Smith, Sarah Ethel, Klamath Falls, Ore.; Woman's Medical College of Pennsylvania, Philadelphia, 1901; died in Forest Grove, Sept. 29, aged 81, of arteriosclerotic heart disease.

Sollis, Delmar Bryant ✦ Chariton, Iowa; Ensworth Medical College, St. Joseph, Mo., 1914; died Sept. 15, aged 68, of chronic nephritis and coronary thrombosis.

Spencer, Alfred George ✦ San Francisco; University of Nebraska College of Medicine, Omaha, 1932; served during World War II; affiliated with St. Francis Hospital; died Oct. 23, aged 50, of coronary occlusion.

Sproull, John ✦ Haverhill, Mass.; Boston University School of Medicine, 1901; specialist certified by the American Board of Radiology; member of the American Roentgen Ray Society, New England Roentgen Ray Society, Radiological Society of North America, and the American College of Radiology; affiliated with Hale Hospital; died in Wolfeboro, N. H., Sept. 17, aged 75, of cerebral hemorrhage and arteriosclerosis.

Stuart, William Whitman ✦ Selma, Ala.; Kentucky School of Medicine, Louisville, 1894; died in Vaughn Memorial Hospital Sept. 14, aged 77, of arteriosclerosis.

Talley, Louis Franklin ✦ Marshalltown, Iowa; Bennett Medical College, Chicago, 1907; specialist certified by the American Board of Radiology; member of the American College of Chest Physicians and the American College of Radiology; affiliated with Evangelical Deaconess Home and Hospital and St. Thomas Mercy Hospital; died in the University Hospital, Iowa City, Sept. 11, aged 70, of chronic occupational radiation syndrome.

Thomas, Edward Harry, Detroit; Detroit College of Medicine and Surgery, 1926; died in the Receiving Hospital Oct. 31, aged 53.

Treadgold, Albert N., Detroit; Michigan College of Medicine and Surgery, Detroit, 1897; died Aug. 14, aged 81, of coronary occlusion and arteriosclerosis.

Vandewater, Samuel Albertus, Jamaica, N. Y.; University and Bellevue Hospital Medical College, New York, 1904; died Aug. 20, aged 72.

Werner, Gertrude ✦ New York City; Medizinische Fakultät der Universität, Vienna, Austria, 1937; served as resident at Bellevue Hospital; died Oct. 31, aged 40, of cerebral hemorrhage.

West, William R., Knoxville, Tenn.; Chattanooga (Tenn.) Medical College, 1895; for many years city physician; died Nov 8, aged 81.

Westerlund, Joseph E. ✦ Cambridge, Ill.; College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois, 1900; died in Kewanee (Ill.) Public Hospital Sept. 6, aged 82, of cerebral hemorrhage.

White, Robert Gillam, Detroit; University of Michigan Medical School, Ann Arbor, 1929; member of the American Public Health Association; school health and medical co-ordinator for the Detroit Health Department from 1930 to 1935 and director of the school health service at Ann Arbor, Mich., from 1935 to 1937; formerly health officer for the regional health service at Valley City, N. D., and director of maternal and child hygiene for the North Dakota State Department of Health; died Aug. 1, aged 47, of cancer.

Wilson, Edward Earl, Dallas, Texas; Columbia University College of Physicians and Surgeons, New York, 1900; died Nov. 13, aged 77, of coronary artery disease.

Worrall, Emma Hodge, Greenville, Pa.; Woman's Medical College of the New York Infirmary for Women and Children, New York, 1894; a medical missionary for 20 years in India and Arabia; formerly affiliated with Polk (Pa.) State School; died in Warren, Ohio, recently, aged 79, of cerebral hemorrhage, arteriosclerosis, and hypertension.

V 15
1952

FOREIGN LETTERS

LONDON

Surgery in Old Age.—R. A. C. Owen and A. F. Murphy of Liverpool summarize the results of a consecutive series of 537 operations performed by them in persons over 70 years old. They say that the results leave much to be desired, but, as almost all of the patients dealt with had some crippling or fatal disease, the results should be reviewed in the light of those who were saved rather than those who died. The series was taken in an ex-municipal hospital, which received many derelict patients. Of the 537 operations, 434 were major, 252 being elective and 182 emergency procedures. The great preponderance of men in the series (339) was due to the large number of prostatic cases, and the mortality among the elective cases was 22.6% and among the emergency 33.5%. The death rate in the prostatic patients was 21.8%, in those with intestinal obstruction 37.2%, and among those with amputations 58.8%.

Prostatic Obstruction.—Many patients were admitted in very poor condition, often with uremia and almost always with vascular degenerative disease; no fewer than 88.8% had acute retention. The Wilson-Hey method of prostatectomy, usually done as an immediate operation, was the procedure of choice. It was not considered the best method, however, in patients with severe urinary infection and approaching uremia and in patients whose general condition was very poor from any cause. It is believed that the Wilson-Hey prostatectomy is more formidable than the Freyer and not every patient will survive it. The Freyer method in one or two stages was used for most cases that were unsuitable for the Wilson-Hey procedure; in the remainder some other form of prostatectomy was used.

Intestinal Obstruction.—The results of strangulated external hernia were the best, partly owing to the ease of diagnosis in this type of obstruction. Many of these old persons, however, did not seek medical aid until the third or fourth day of their illness, and in these the likelihood of gangrene of the bowel was increased, with its attendant high mortality. A good policy is to invaginate the gangrenous area of bowel whenever possible. This avoids resection, and there is little risk of a new obstruction occurring at the site of invagination. It was found that surprisingly large areas of gangrenous bowel could be invaginated with impunity. In obstruction due to carcinoma, there was often long delay before patients sought medical aid; many had long-standing constipation, and results of emergency operation were much gloomier; 63% died. Of those who survived, some had further procedures to remove the obstructing cause; all of these patients recovered from the multiple stage operations. In most cases relief was given in the emergency by the simplest surgical means—a colostomy or occasionally a cecostomy. It is believed that it is preferable to avoid a blind operation for bowel drainage and also that enteroanastomosis in acute large bowel obstruction is not justifiable, because suture of the dilated and friable bowel almost always leads to peritonitis and death. The use of gastric suction and fluid and electrolyte balance measures was necessary as in any case of intestinal obstruction. Intravenous fluid, however, was withheld unless fluid and electrolyte balance could not be restored or maintained by any other means, as they found that intravenous therapy is not without danger in the aged, mainly because of its tendency to produce pulmonary edema and to precipitate pneumonia.

Diagnosis presents many difficulties peculiar to old age. Patients are not often accurate witnesses, and deafness is an added difficulty. The onset of many diseases is a much slower process in the aged, and many symptoms are attributed by the patients to their old age. Complete investigation is not always possible, as they do not readily tolerate prolonged radiological or biochemical studies.

Spinal analgesia has a worthy place in treating these patients, who tolerate it well, and that is the method of choice in intestinal obstruction and for prostatectomy. But to use it safely and successfully, experience in the technique is essential and its limitations and contraindications must be appreciated. When general anesthesia is preferred, it usually consists of thiopental sodium and curare in conjunction with an inhaled anesthetic in an open or closed circuit. Local analgesia was used if the patient was too ill for any other method. They were not submitted to the wholehearted regimen of early ambulation. A patient gravely ill, or one in the throes of intravenous infusion or bladder drainage, was allowed to remain in bed. Many patients, however, got up the day after operation. Bedsores were unusual and never caused anxiety. Diet in the postoperative period may present more problems. Fads are frequent in the aged, and the help of the dietitian may be necessary. Administration of vitamins especially vitamin C is beneficial.

Even major surgical procedures are often justifiable in old age, but discretion should be used and the operation should be the minimum consistent with cure or symptomatic relief. Colostomy, for example, may be all that is justifiable in large bowel obstruction, and sometimes, though less often, permanent suprapubic cystotomy is all that is justifiable in prostatic urinary obstruction. Unless cure or symptomatic relief is likely to be achieved, it is better not to operate. It is unjustifiable and unkind to attempt desperate surgical ventures that would be fitting in younger patients.

Students' Tuberculosis Center.—It is estimated that in 0.2% of all students and in 0.9% of medical students in Great Britain, tuberculosis develops in a sufficiently severe form to lead to interference with their course of studies. The statement has also been made that tuberculosis "may involve an average loss of two years in a university career." Towards the end of 1950 an appeal was launched for money to establish a "center for tuberculous students in which students with tuberculosis can receive medical treatment while continuing their studies." A sum of around £20,000 for this purpose has now been collected by students in this country, and earlier this year steps were taken to establish the British Student Tuberculosis Foundation, the sponsors of which include the British Medical Association, the British Tuberculosis Association, the Joint Tuberculosis Association, and the National Association for the Prevention of Tuberculosis. The foundation has now announced that in September a small experimental unit for full-time students is to be opened at a sanatorium situated in open heath land near Wokingham, Berkshire. The unit will have accommodations for 16 patients in one self-contained ward, which will be divided into three parts. There will be a dining room where all meals will be served, a lounge, and a bed ward where students can read in silence during rest periods. Admission will be restricted to students who are recovering satisfactorily, i. e., are noninfectious in the sense of showing normal sputum, are fit to do light duties for themselves such as making beds, are able to take all meals up, and can remain up and dressed for four hours a day at least. The medical care and supervision of the patients will be the responsibility of the physician-superintendent of the hospital, while the foundation will be responsible for the academic side, i. e., arranging for university teachers, principally from the University of London, to visit the center regularly to give lectures and to supervise individual courses of study.

A New Health Center.—The first health center to be designed and built for this purpose under the National Health Service has just been opened in Bristol. The capital cost of the center, including site and equipment, was £19,912. It has been built to serve a housing estate that has between 20,000 and 30,000 residents. It contains six consulting suites for general practitioners, each consisting of a consulting room, examination room, and waiting room. These consulting suites have communicating doors so that a pair of suites may be used for maternity and child welfare clinics out of surgery hours. Eight physicians will use the center, which has a staff of 12 persons, including five nurses and two secretaries. In addition to providing accommodation for general

The items in these letters are contributed by regular correspondents in the various foreign countries.

practitioners, it is designed to be the headquarters of the local health authority's domiciliary service in the housing estate. In opening the center the Minister of Health expressed the hope that it would "greatly ease the doctor's burden to be able to use the center's nurses and secretaries for those many duties which they can undertake to help him—dressings, records, correspondence, messages—and so leave him free to devote his time to the more essential part of his work. It is also hoped that by working in the same building, the general practitioners and the local health authority's clinic doctors, health visitors, midwives and nurses will find it easier to consult each other and that it will be easier for each to call on the services which the others can give to the advantage of their patients."

A Consultation Levy.—The vice-chairman of the Fellowship for Freedom in Medicine, which is Lord Horder's gallant rear-guard action against the National Health Service, has put forward the view that patients should make a small payment for each visit to the physician under the National Health Service. "For very many people advice is more acceptable if they have to pay for it—not necessarily much, but enough for them to notice. From the doctors' point of view, the thought that some of their patients come to them because it costs nothing is scarcely conducive to good work."

Aboriginal Medicine.—An exhibition illustrating the medicine of the aboriginal groups in the British Commonwealth is now open at the Wellcome Historical Medical Museum in London. The exhibition, which is probably a unique one of its kind, includes examples of many of the instruments used by the aboriginal races for driving away devils or bringing back lost souls. Among these is a "soul-catcher" used by the Haida Indians of British Columbia. There is also a collection of the articles used by the priests of Shopono in southern Nigeria.

TURKEY

Thromboangiitis Obliterans.—In the Istanbul periodical *Pratik Doktor*, Dr. Feridun Timur, chief of Tekirdag General Hospital's medical department, reported a severe case of thromboangiitis obliterans. The patient, a sturdy farmer aged 46, who before the onset of the disease had always been in good health, has undergone 18 amputations in 16 years. He has lost both legs, the right arm, and three fingers of the left hand. At first, he had felt a pain in the right leg while walking, and cyanosis had followed. From time to time the pain diminished, but it forced him to limp. Six months later there was cyanosis of the big toe and of the toe next to it, and a small wound developed that healed when treated. A year later the toes became gangrenous and had to be amputated. For eight months afterward the patient remained in the hospital under treatment, but there was no improvement. Within three months, progressing gangrene necessitated amputation of the leg below the knee. The patient was discharged. In less than two months, amputation well above the middle of the femur became necessary. Up to that time the left leg had not been affected, but now sharp pain began in the left foot, wounds developed on the toes, gangrene set in, and the left leg had to be amputated at the middle of the femur. Soon pain developed in the ring finger of the right hand; the finger became gangrenous and was amputated. A year later, pain and gangrene developed in the other fingers and soon the entire hand became involved, necessitating amputation of the right arm above the elbow. Two years ago the index and ring fingers and recently the little finger of the left hand had to be amputated.

When the patient was admitted to the hospital, his temperature varied between 97.7 and 103.1 F (36.5 and 39.5 C). There was no family history of the disease. The patient is married, has three children, one of whom is a deaf-mute, has never used alcohol, and has smoked 10 cigarettes daily for 30 years. He has not previously had any serious disease. Red blood cell counts and differential leukocyte counts were normal, repeated Wassermann and Kahn tests gave negative reactions, and repeated investigations revealed normal glycemia and a total cholesterol content of 165 mg. per 100 cc. Urinalysis after amputation revealed hematuria, which was temporary. Electrocardiography gave normal findings, the left hand was cold, the pulse was not palpable, and, when the hand was in vertical position, cyanosis occurred from the wrist down. An arterial oscillogram above the elbow of the left arm gave amplitude of 1.5 scale units, whereas the corresponding reading below the elbow was only 0.25 scale units. Besides endoarteritis, pathological examination of amputated members revealed nothing abnormal. The organs of the chest and abdomen are normal. The patient has been discharged from the hospital but is being followed up.

General Anesthesia with Barbiturates.—In *Surgery*, the Turkish Surgical Society periodical, Dr. Tarik Maktav, chief obstetrician at the Eskishehir Maternity Hospital, reported on results obtained with barbiturates in 119 operations. Of these, 78 operations were performed using narconumal (barbital derivative), 21 using hexobarbital (evipal®) sodium, 11 with kemithal sodium (5-allyl-5-[Δ^2-cyclohexenyl]-2-thiobarbituric acid), and 9 using thiopental (pentothal®) sodium. Seventeen patients received 1 gm. of narconumal and 61 patients received 2 gm.; 8 patients received 1 gm. of hexobarbital sodium and 13 received 2 gm. Kemithal sodium was given to 3 patients in doses of 1 gm. and to 8 patients in doses of 2 gm. Two patients were given 1 gm. of thiopental sodium and 7 patients 2 gm. The 119 operations involved 35 appendectomies, 11 myomectomies, 2 supravaginal hysterectomies, 10 cesarean sections, 8 exploratory laparotomies, 7 ovarian cystectomies, 2 hydatid cystectomies, 1 enucleation of the eye, 1 herniotomy, 13 operations for fixed retroversion of the uterus, 8 for prolapse of the uterus, 5 for ectopic pregnancy, 4 for peritonitis, 2 for corpus haemorrhagicum, 2 for pyosalpinx, and 1 operation each for cancer of the omentum, salpingitis, hydrosalpinx, enterocele, tumor of the aorta, cancer of the superior maxilla, cancer of the inferior maxilla, and renal calculus.

The patients were given morphine and atropine two hours before the intravenous injection of the barbiturate. The patients were free from nausea, vomiting, or coughing, and respiratory depression was minimal. It is Dr. Maktav's opinion that when vomiting does occur it is the effect of the morphine and atropine injection rather than the barbiturate. It seems advisable for patients with renal or hepatic insufficiency to abstain from using barbiturates. A patient with eclampsia who had had a cesarean operation was given narconumal, and the result was fatal. On the other hand, a colleague used kemithal sodium with no untoward results for a patient with cholecyst rupture. Though procaine (novocaine®) hydrochloride was not used for tamponade, laryngeal spasm occurred in only a few patients; it was soon overcome when the patient's head was lowered. Several patients had hiccup; moving the head and placing it in its natural position may overcome this effect. Not using sufficient caution in introducing the barbiturate slowly and intermittently or in too large a dose causes cyanosis and respiratory depression, and when this is accompanied by laryngeal spasm, such practice stimulates prejudice against the use of barbiturates.

Only a few hospitals and maternity centers in Turkey have modern apparatus for the use of anesthesia. Anesthesiology as a specialty is not mentioned in the 1947 regulation pertaining to specialists. An amendment of the regulation, according to which anesthesiology, chest surgery, and plastic surgery would be added, is under way.

Retromammary Lipoma in a Young Girl.—In *Anadolu Klinigi*, Istanbul medical periodical, Dr. Vahid Ege, surgeon at the Van City Hospital, describes a lipoma of the right breast in a girl aged 13. The growth was first noticed when the patient was 7 years old. It was then the size of a walnut, and in the course of six years it grew to the size of a melon. The patient had a normal family history and was undernourished but was otherwise normal. She complained of breathing difficulty, pain in the right arm, and the weight of the tumor. Examination on admission to the hospital showed a large, mobile, pseudofluctuating tumor with an ulcerated surface, large veins, and no pulsation. The weight of the tumor had caused a depression of the right side of the thorax; the breasts were still undeveloped; and the tumor showed a projection on one side. Thoracoplasty was performed and the tumor removed without damage to the mammary gland or muscles. The lipoma was 44 cm. long and 37 cm. wide and weighed 6,100 gm.; aberrant glands or other malignant tissue was not encountered. Recovery was uneventful.

V 15
1952

MEDICAL LITERATURE ABSTRACTS

UNITED STATES

A.M.A. Arch. Pathology, Chicago

54:237-320 (Sept.) 1952

*Anoxia as a Cause of Endocardial Fibroelastosis in Infancy. F. R. Johnson.—p. 237.

Origin of Accessory Thyroid Tissue from Thymus IV in Adult Baboon. J. H. Van Dyke.—p. 248.

*Morphology and Pathogenesis of Biliary Cirrhosis. E. Moschcowitz. —p. 259.

Kidney Lesions in Suckling Mice Following Group A Coxsackie Virus Infection. R. Gädeke.—p. 276.

Pattern of Mitotic Activity in Oral Epithelium of Rabbits. J. L. Henry, J. Meyer, J. P. Weinmann and I. Schour.—p. 281.

Increasing Incidence of Arteriosclerotic Aortic Aneurysms: Analysis of 6,000 Autopsies. R. Manighia and J. E. Gregory.—p. 298.

Endocardial Fibroelastosis in Infancy.—Of 210 congenitally malformed hearts studied anatomically and microscopically by the author, 23 showed diffuse endocardial fibroelastosis and 187 showed localized fibroelastic plaques. In each of the 23 cases of diffuse fibroelastosis there was an associated congenital cardiac defect that could produce endocardial anoxia. These malformations usually involved (1) an anomaly of the coronary arteries that entailed the delivery of unoxygenated blood to the endocardium, (2) premature closure of the foramen ovale, which prevented oxygenated blood from entering the left atrium and ventricle, or (3) valvular atresia that resulted in stagnation anoxia. On the basis of this evidence the author advances the theory that an important factor in the development of so-called congenital endocardial fibroelastosis is endocardial anoxia, just as it is in endocardial scarring in the adult. This condition is best exemplified by myocardial infarction due to obstruction of the coronary arteries. Although there may be other factors, such as ventricular dilatation with endocardial stretching, that cause diffuse endocardial fibroelastosis, no evidence was obtained that the lesion is a true congenital anomaly or that it is due to intrauterine infection.

Biliary Cirrhosis.—In 45 patients with biliary cirrhosis in whom necropsies were performed the lesions were caused by chronic intrahepatic cholangiolitis in 6, by obstruction of the ducts of the liver by carcinoma of the head of the pancreas or hepatic ducts in 12, by cholangitis in 3, by obstruction of the common duct by stones in 7, by congenital atresia of the biliary tract in 8, and by obstruction of the common duct by stricture, metastatic carcinoma, and enlarged lymph nodes in 9. Thus, there are two main varieties, i. e., biliary cirrhosis consequent to obstruction and biliary cirrhosis following primary chronic cholangiolitis of unknown origin. The development of the lesions in obstructions of extrahepatic origin was studied in a few cases by comparing the observations at biopsy with those at necropsy. An inflammatory granulomatous process, progressive in both maturity and extent, originates around the cholangioles. Then it spreads into the adjacent areas of the portal spaces with abundant formation of new capillaries and bile ducts. In the later phases the granulomatous process extends beyond the portal spaces, forming prolongations of the interlobular septa, which fuse and produce pseudolobuli. Simultaneously, communications arise between the portal spaces and the hepatic and central veins, giving rise to an internal Eck fistula. Subcapsular granulomatous lesions that also communicate with the neighboring portal spaces and hepatic veins, are visible by this time. In the final phase, the normal architecture is completely distorted, and the smaller portal spaces and interlobular bile ducts are destroyed. Hypertension of the portal circulation sometimes develops, as proved by congestive splenomegaly. There is a remarkable parallel between the duration of the jaudice and the maturity of the lesions. In the second variety, primary chronic cholangiolitic biliary cirrhosis, the morphological picture is identical to the ultimate phase of biliary cirrhosis due to extrahepatic obstruction. Occasionally, narrowing and complete obliteration of some of the smaller bile ducts occur, indicating widespread intrahepatic obstruction. Congestive splenomegaly was present in most cases. A primary hematogenous cholangitis is exceedingly rare. Cholangitis lenta is a purely clinical designation and is by no means synonymous with biliary cirrhosis. Hanot's cirrhosis is a syndrome not a morbid entity. Morphologically only, the end stage of biliary cirrhosis is like that of Laennec's cirrhosis, except for the presence of biliary pigment in the parenchyma and the more abundant formation of new bile ducts.

Alabama State Medical Assn. Journal, Montgomery

22:63-94 (Sept.) 1952

Acute Intussusception in Adults Caused by Lipoma of Ileum. J. T. Ellis and S. W. Windham.—p. 63.

Premedication and Choice of Anesthesia in the Surgical Patient. M. N. Anderson.—p. 67.

Aids in Diagnosis and Treatment of Early Ectopic Pregnancy. B. Word, E. H. Howe and C. Blanton.—p. 73.

Erythroblastosis in One of Dizygotic Twins: Case Report. R. Berrey and B. Carson.—p. 79.

Personal Experience in Use of Bone Bank Bone. S. R. Terhune and P. W. Shannon.—p. 80.

American Heart Journal, St. Louis

44:325-484 (Sept.) 1952

*Studies in Mitral Stenosis. II. Observations on Incidence of Active Rheumatic Carditis in Left Auricular Appendages Resected at Operation for Mitral Stenosis. G. Björck, S. Winblad and H. B. Wulff. —p. 325.

Rheumatic Heart Disease with Calcification of Left Auricle: Report of Two Cases with Review of Literature. H. Ruskin and E. Samuel. —p. 333.

*Congenital Pulmonic Stenosis with Open Foramen Ovale in Infancy: Report of Five Proved Cases. R. P. Johnson and E. E. Johnson. —p. 344.

Patent Ductus Arteriosus with Partial Reversal of Shunt: Study of Two Cases. T. H. Bothwell, B. Van Lingen, J. Whidborne and others. —p. 360.

Modification of Vector Model to Provide Accurate Recording of Mean Vector Positions in Three Planes of Space. D. L. Urschel and D. C. Abbey.—p. 372.

Geometric Model for Determining Direction of Mean Spatial Vectors. P. H. Langner Jr.—p. 378.

Simple Technique for Registering Direction of Rotation of Vectorcardiographic Loops. G. H. Whipple.—p. 384.

Depressing Effect of Inositol on Serum Cholesterol and Lipid Phosphorus in Hypercholesteremic Myocardial Infarct Survivors. W. C. Felch, J. H. Keating and L. B. Dotti.—p. 390.

Mephentermine—Effective Pressor Amine: Clinical and Laboratory Observations. B. L. Brofman, H. K. Hellerstein and W. H. Caskey. —p. 396.

*Shock Accompanying Myocardial Infarction: Treatment with Pressor Amines. H. K. Hellerstein, B. L. Brofman and W. H. Caskey.—p. 407.

Cardiac Arrhythmias Following Use of Large Doses of Central Nervous System Stimulants. I. L. Bennett Jr. and W. F. Walker.—p. 428.

Action of Procaine Amide in Complete Heart Block. H. Miller, M. H. Nathanson and G. C. Griffith.—p. 432.

Modification of Fluorescein Circulation Time. L. G. Lubic and N. J. Sissman.—p. 443.

Active Rheumatic Carditis Discovered at Operation for Mitral Stenosis.—It is generally accepted that operative procedures for mitral stenosis should be postponed until active rheumatic carditis has subsided. Björck and associates routinely make the following tests for possible rheumatic activity or subacute bacterial endocarditis and thus establish suitability for surgical treatment: erythrocyte sedimentation rate and antistreptolysin titer determination, agglutination of sensitized erythrocytes, and blood culture. Whether rheumatic activity was present or not was

Periodicals on file in the Library of the American Medical Association may be borrowed by members of the Association or its student organization and by individual subscribers, provided they reside in continental United States or Canada. Requests for periodicals should be addressed "Library, American Medical Association." Periodical files cover only the last 11 years, and no photoduplication services are available. No charge is made to members, but the fee for other borrowers is 15 cents in stamps for each item. Only three periodicals may be borrowed at one time, and they must not be kept longer than five days. Periodicals published by the American Medical Association are not available for lending but can be supplied on purchase order. Reprints as a rule are the property of authors and can be obtained for permanent possession only from them.

Titles marked with an asterisk (*) are abstracted.

judged from the results of these tests as well as from a detailed history, physical examination, temperature chart, and electrocardiogram. A table lists the results of these tests in 18 patients surgically treated for mitral stenosis. None had a demonstrable active rheumatic process. In all cases the operation confirmed the diagnosis of a mitral valvular lesion. Specimens of the left auricular appendage and in the last nine cases also a part of the lingula pulmonis were removed during operation for microscopic study. Six of 18 patients judged free of rheumatic activity showed definite signs of active rheumatic endocarditis, and two showed minor signs. In three of these cases, rheumatic activity had probably persisted for at least 20 years. The clinical examination and laboratory tests did not point to any such activity. Thus the usual laboratory tests cannot exclude the presence of active endocarditis in the left auricle or, probably, in the mitral valve region; however, definitely elevated antistreptolysin titers seem to be important signals. Long-term follow-up is necessary to evaluate the importance of active rheumatic endocarditis in the prognosis for patients operated on for mitral stenosis.

Pulmonic Stenosis with Open Foramen Ovale.—R. P. and E. E. Johnson feel that pulmonic stenosis with an open foramen ovale may be a common cause of a cyanotic congenital cardiac malformation, since they themselves have seen five infants with this defect corroborated by autopsy. The histories of these five infants, all girls, are presented. Their ages at death were 3, 4, 9, 12, and 19 months. This malformation may prove to be the second commonest cause of cyanotic congenital heart disease, only the tetralogy of Fallot being commoner. The syndrome in infants includes early cyanosis, often present at birth, which may clear for a short period and then return. Polycythemia and clubbing of the fingers and the toes may follow. A faint to loud precordial systolic murmur is present. Dyspnea occurs in paroxysms and is a warning of approaching death, which may be prevented by a timely surgical valvulotomy. The heart is enlarged and has a characteristic roentgenographic appearance, with an upturned apex, a dilated pulmonary artery, and avascularity of the peripheral lung fields. The electrocardiogram shows severe right ventricular hypertrophy and the P waves are prominent in lead 2. This syndrome is to be differentiated from pure (isolated or uncomplicated) pulmonic stenosis and from the tetralogy of Fallot. The common "blue baby" operations of Blalock or Potts are not beneficial in pulmonic stenosis with open foramen ovale.

Shock Accompanying Myocardial Infarction.—Shock is recognized as an important cause of death following myocardial infarction. In view of the universally poor prognosis associated with this condition and the unimpressive results of transfusion and other therapy, the authors decided to try pressor amines. In a preliminary control study, 100 random cases of myocardial infarction observed in the year prior to the start of this study were analyzed. Shock occurred in 10 cases, with a mortality rate of 80%. In a preliminary study, mephentermine, a synthetic pressor amine, was found to be an effective, safe pressor substance with little direct effect on myocardial irritability in the doses employed. Beginning July 1, 1949, at University Hospitals of Cleveland, an attempt was made to administer mephentermine to each patient in whom shock accompanied myocardial infarction. Shock was considered to exist in patients who had hypotension (below 90 mm. Hg in previously normotensive patients) for more than one hour and during this time exhibited classical signs and symptoms of circulatory collapse, namely, rapid pulse (sinus tachycardia), small pulse pressure, pallid cyanosis, anxiety, thirst, faintness, cold moist skin, and stupor or coma. Patients showing clinical signs without significant fall in blood pressure were not considered to be in shock and were excluded. Fourteen of 18 patients were treated with mephentermine, three with mephentermine and ephedrine and one with ephedrine alone. A pressor response was produced in 16 patients. Fourteen emerged from the shock state with marked clinical improvement for more than two days; however, 7 succumbed to secondary complications 2 to 26 days later. Seven patients recovered sufficiently to be discharged from the hospital. Pressor therapy did not produce congestive failure in patients not previously in failure, nor did it aggravate preexisting failure. The use of pressor amines in the treatment of shock accompanying myocardial infarction appears to have a firm clinical basis.

American J. Digestive Diseases, Fort Wayne, Ind.

19:273-308 (Sept.) 1952

Amidopyrine as an Antispasmodic. L. J. Notkin.—p. 273.
Bleeding Peptic Ulcer. M. Binder and J. T. Paul.—p. 278.
Clinical Studies in Blood Lipid Metabolism. IV. Abnormal Lipid Metabolism and Atherosclerosis: Preliminary Report. A. A. Goldbloom and J. Pomeranze.—p. 281.
Significance of Post-Fat Cholecystogram. L. A. Harrington, H. N. Schwinger and A. Schwinger.—p. 284.
Adrenal Cortex in Liver Disease. L. Pelner, H. Goldstein and S. Waldman.—p. 286.
Incidental Diagnosis of Carcinoma of Right Colon During Cholecystography. S. D. Hemley.—p. 295.
"Reformed Gallbladder": Clinical and Roentgen Aspects. R. A. Gagliardi and P. D. Gelbach.—p. 298.

American Journal of Medicine, New York

13:251-386 (Sept.) 1952

*Parahemophilia in Three Siblings (Owren's Disease): With Studies on Certain Plasma Components Affecting Prothrombin Conversion. B. Alexander and R. Goldstein.—p. 255.
Limit of Hemoglobin Synthesis in Hereditary Hemolytic Anemia: Its Relation to Excretion of Bile Pigment. W. H. Crosby and J. H. Akeroyd.—p. 273.
*Prolonged Treatment of Pernicious Anemia with Vitamin B_{12}. C. L. Conley, T. W. Green, R. C. Hartmann and J. R. Krevans.—p. 284.
Thrombotic Thrombocytopenic Purpura: Review of Literature and Report of Three Cases. J. A. Barondess.—p. 294.
Incidence of Leukemia in Survivors of Atomic Bomb in Hiroshima and Nagasaki, Japan. J. H. Folley, W. Borges and T. Yamawaki.—p. 311.
Renal Medullary Necrosis. E. E. Mandel.—p. 322.

Parahemophilia (Owren's Disease).—The occurrence of parahemophilia is reported in three siblings, a 17-year-old girl and her 15-year-old sister and 4-year-old brother. The prothrombin time of the oxalated plasma determined by Quick's one stage procedure was elevated, but this was rectified by the addition of normal plasma from which prothrombin had been removed. Mild to moderate hypoprothrombinemia was also evident. Two-stage prothrombin conversion was negligible unless a nonprothrombin factor (AC globulin) was supplemented. Under the latter conditions some degree of hypoprothrombinemia also was demonstrable, comparable to the one stage values. The so-called labile factor activity was less than 5% of normal. The parahemophilic plasma did not accelerate thrombin formation in a mixture containing purified human prothrombin, thromboplastin, and calcium. Thus indisputable evidence was provided that the patient's plasma was relatively devoid of AC globulin activity. Normal plasma from which prothrombin had been removed by Seitz filtration could correct the clotting defect of the patients, thus proving that the patients were lacking in factor 5 activity. The activity of prothrombin conversion accelerator found in serum (SPCA) was tested in the authors' patients. The formation of serum prothrombin conversion accelerator from its precursor in plasma was observed to be normal, despite the retarded prothrombin consumption and negligible AC globulin concentration. Furthermore, in the one patient thus studied, the serum showed activity of this factor even when tested on the parent plasma. These observations provide substantial evidence that the prothrombin conversion accelerator does not evolve from AC globulin; moreover, normal AC globulin activity is not required for its formation. The response of the blood of the parahemophilic patients to various agents, such as normal plasma, plasma with bishydroxycoumarin, plasma with phenylindandione, plasma deficient in serum prothrombin conversion accelerator, purified serum prothrombin conversion accelerator, and vitamin K_1 and to transfusion of normal blood or plasma was tested. As a result of their study, the authors conclude that parahemophilia, apparently congenital in origin, constitutes a form of pseudohypoprothrombinemia. It is referable to deficiency of a nonprothrombin plasma constituent that is essential for the rapid conversion of prothrombin to thrombin by thromboplastin and calcium. This substance, for which Ware's and Seegers' term AC globulin is considered most appropriate for simplification of nomenclature, is identical to Quick's labile factor, Owren's factor 5 or proaccelerin, and the factor of Fantl and Nance. The substance is present in fresh normal whole blood or plasma, and this provides the basis for effective clinical man-

V
19

agement of parahemophilia. Also, it is unequivocally distinct from serum prothrombin conversion accelerator and its precursor, deficiency of which results in another form of pseudohypoprothrombinemia.

Prolonged Vitamin B_{12} Therapy in Pernicious Anemia.—More than 100 patients with pernicious anemia were treated with vitamin B_{12} only for 12 to 40 months. Many had previously received injections of liver extract but others were in relapse and had had no prior therapy. Parenterally administered vitamin B_{12} was as effective as refined liver extract in producing and maintaining clinical and hematological remission. No evidence was found that patients with uncomplicated pernicious anemia need any therapy other than vitamin B_{12}. Orally administered vitamin B_{12} was effective in the treatment of pernicious anemia, provided the dose was about 100 times larger than the amount that was adequate for parenteral administration. Until the adequacy of oral dosage schedules has been demonstrated, patients with pernicious anemia should receive parenteral therapy. A single intramuscular injection of 100 μg. of vitamin B_{12} as the initial dose seemed to produce a maximal effect. An intramuscular injection of 45 μg. of vitamin B_{12} every six weeks appeared to be adequate for satisfactory maintenance therapy and protected the patients against hematological and neurological relapse. Vitamin B_{12} seems preferable to liver extract in the treatment of pernicious anemia, because it causes less discomfort at the site of injection, does not give rise to untoward reactions, and is less expensive.

American Journal of Obstetrics & Gynecology, St. Louis

64:473-712 (Sept.) 1952. Partial Index

*Expansion Versus Restriction of Cesarean Section: Presidential Address. E. D. Colvin.—p. 473.

Blood and Blood Vessels in Gynecology and Obstetrics. C. G. Collins, R. C. Smith, R. G. Burman and J. P. Griffen.—p. 488.

Progesterone and Vitamin K for Prevention of Erythroblastosis Fetalis. C. S. Gibson Jr., H. L. Teate and A. A. Smith.—p. 498.

Lower Nephron Nephrosis in Pregnancy. J. L. Simpson, H. C. Heins, L. L. Hester and L. A. Wilson.—p. 508.

Induction of Premature Labor by Means of Pitocin in Patients with Toxemia of Pregnancy. C. H. Mauzy and J. F. Donnelly.—p. 517.

Occult Rupture of Uterus. J. M. Ingram, R. L. Alter and B. Carter. —p. 527.

Management of Heart Disease in Pregnancy. H. M. McCue and E. C. Schelin.—p. 535.

Trichomonas Vaginalis Donné: Evaluation of Experimental and Clinical Data. C. H. Davis and C. G. Grand.—p. 544.

Transplantation of External Oblique Aponeurosis: Operations for Prolapse of Vagina Following Hysterectomy. G. A. Williams and A. C. Richardson.—p. 552.

Problems of Delivery of Oversized Infant. A. B. Hunt.—p. 559.

New Syndrome in Labor: Frank Breech Presentation, Persistent Sacroanterior Position, Associated with Dystocia. R. Torpin.—p. 565.

Epidermoid Carcinoma of Cervix Complicating Pregnancy. W. N. Thornton Jr., J. M. Nokes, L. A. Wilson Jr. and D. J. Brown Jr.—p. 573.

Premenstrual Tension and Its Relationship to Water Metabolism. W. Bickers.—p. 587.

Heart Disease as Complicating Factor in Pregnancy. F. C. Massey. —p. 607.

Surgical Approach to Intractable Pruritus Vulvae. J. H. Mering.—p. 619.

Spermicidal Bacteria in Cervix as Cause of Sterility. C. L. Buston and A. S. H. Wong.—p. 628.

Interstitial Occlusion of Fallopian Tube: Consideration of Its Surgical Treatment. L. J. Hartnett and D. C. Hartnett.—p. 637.

Superior Hypogastric Sympathectomy for Relief of Pain Associated with Endometriosis. H. R. Dailey and R. E. Tafel.—p. 650.

Expansion Versus Restriction of Cesarean Section.—The trend toward employment of cesarean section has rapidly increased during the past 15 years. It is believed that the over-all average incidence of cesarean section is 2%. In large maternity centers it averages 6.2%. Throughout the United States its incidence varies between 0.5 and 14%. The maternal mortality in the larger maternity centers approaches 1%. The fetal mortality for the operation is between 7 and 8%. Both maternal and infant mortality rates are greater than following vaginal delivery. The rapidly increasing number of women with previous cesarean section constitutes a major problem in future obstetric practice, since cesarean section is the only obstetric operation performed in pregnancy or labor that may seriously jeopardize maternal and fetal life in any subsequent pregnancy. Factors tending to increase the incidence of the operation are as follows: increased hospital facilities, increased safety afforded by the sulfonamides, antibiotics, and blood replacement, improved technique, influence of the training centers, roentgen ray pelvimetry, fetal salvage, and remuneration and convenience for the operator. Cephalopelvic disproportion, "repeat cesarean," and placenta previa are the commonest indications for the operation. Cesarean section is also being used more frequently in patients with borderline or equivocal indications. The operation has increased fetal salvage in diabetes mellitus and placenta previa but has not been of great benefit in other complications of pregnancy. Despite the highly satisfactory results obtained with vaginal delivery for inertia, toxemia, abruptio placentae, and other major complications, in such cases cesarean section is still being done, with less favorable results. A plea is made for better judgment regarding the employment of cesarean section. The pregnant woman should be given a test of natural labor in doubtful cases. Common experience and documented evidence indicate that further widening of the indications for cesarean section is not justified. There is evidence that the proponents of cesarean section in the past are currently being converted into exponents of vaginal delivery for women with previous cesarean sections.

American Journal of Psychiatry, New York

109:161-240 (Sept.) 1952 Partial Index

Military Performance of Group of Marginal Neuropsychiatric Cases. W. A. Hunt, C. L. Wittson and E. B. Hunt.—p. 168.

Occupational Rehabilitation of Psychiatric Cases: Follow-Up Study of 115 Cases. T. M. Ling, D. M. Zausmer and M. Hope.—p. 172.

Criticism of Current Usage of Term "Sexual Psychopath." K. M. Bowman and M. Rose.—p. 177.

Activity of Therapist in Integrative Forms of Nondirective Psychotherapy. D. E. Cameron.—p. 183.

Psychoanalytic Training for Psychiatric Residents and Others: Associated Psychiatric Faculties of Chicago Experiment. H. W. Brosin.—p. 188.

*Bromide Intoxication. S. J. Tillim.—p. 196.

Present Trends in Psychiatric Nursing. F. H. Sleeper.—p. 203.

Bromide Intoxication.—In the past year, five patients with symptoms of bromide poisoning have been admitted to the Nevada State Hospital, as compared with only three in the preceding six years. In addition, three psychotic patients had bromide in the blood. This suggests a rising incidence of bromide poisoning, which may be related to the greater restrictions on the dispensing of barbiturates. Bromide intoxication causes psychic and neurological disturbances. It is rarely of sudden onset, because the stomach will be irritated by the massive dose that is required, but it can occur suddenly, as evidenced by one of the five cases reported. Bromides irritate the gastrointestinal tract, the nervous system, the respiratory system, and the skin. Abdominal tenderness, anorexia, fetid breath, and coated tongue are the gastrointestinal manifestations of bromide poisoning. Disturbed cortical and neurological functions indicate involvement of the central nervous system. In the cerebral cortex the concentration of bromides is twice as great as in other portions of the nervous system. Bromides are recoverable from the lacrimal and salivary secretions, and they may produce coryza and pulmonary edema. The skin may react with an acneform dermatitis. Bromides accumulate in tissues and extracellular fluids by displacing chlorides. The elimination of bromides is hastened by substitution of chlorides. This is accomplished by administration of from 4 to 6 gm. of sodium chloride daily in addition to that received in the food. When oral administration is not feasible, a 2% or 5% solution of the salt can be given by intravenous infusion. Excessive administration of salt may cause temporary aggravation of symptoms. Insulin therapy is helpful whenever profuse diaphoresis can be induced. Even when this is not possible owing to impairment of the cutaneous elimination, insulin has a favorable effect on the food intake and has a sedative effect. Brominism is not always due to self-medication, and physicians and druggists are apt to forget the intoxicating potentialities of the bromides. The presence of psychiatric disorders, neuroses, alcoholism, cerebrovascular disease, senility, and predisposition to acne vulgaris are definite contraindications to the use of bromides.

Am. J. Roentgenol. & Rad. Therapy, Springfield, Ill.

68:355-544 (Sept.) 1952

Chest Radioautography. W. M. Loehr.—p. 355.
*Telepaque: New Cholecystographic Medium with Improved Visualization of Gallbladder and Visualization of Bile Ducts. W. H. Shehadi. —p. 360.
Clinical and Roentgenological Manifestations of Klippel-Feil Syndrome (Congenital Fusion of Cervical Vertebrae, Brevicollis): Report of Eight Additional Cases and Review of Literature. M. I. Shoul and M. Ritvo. —p. 369.
Roentgen Diagnosis of Dextroposition of Aorta. G. W. Henry.—p. 386.
Retroperitoneal Pneumography by Injection of Oxygen into Presacral Space. J. Gershon-Cohen, S. Levine and M. B. Hermel.—p. 391.
Significance of Intra-Abdominal Calcification in Newborn Infant. C. T. Kasmersky and W. H. R. Howard.—p. 395.
Volvulus of Cecum. A. J. Ryan and J. Burbank.—p. 399.
Arteriographic Visualization of Choroid Plexus of Temporal Horn of Lateral Ventricle. B. Schlesinger.—p. 403.
Use of Fusible Metal as Radiopaque Contrast Medium and in Preparation of Anatomical Castings. J. L. McClenahan and F. S. Vogel. —p. 406.
*Use of Radioactive Colloidal Gold (Au^{198}) in Pleural Effusions and Ascites Associated with Malignancy. E. R. King, D. W. Spicer, F. W. Dowda and others.—p. 413.
Diagnostic Use of Radioactive Isotopes. L. Reynolds, K. E. Corrigan and H. S. Hayden.—p. 421.
Rotational Scanning of Breast Malignancies with Supervoltage Radiation. H. F. Hare, J. G. Trump and E. W. Webster.—p. 435.
Roentgen Therapy of Anginal Syndrome. V. L. Love and H. D. Fearon. —p. 448.
*Multicentric Mammary Cancer Developing in Previously Irradiated Breast. J. R. Lisa, G. T. Pack and J. D. Gioia.—p. 452.
Method of Rapid Chest Photofluorography. H. S. Weems and A. A. Rayle Jr.—p. 457.

A New Cholecystographic Medium.—Telepaque* (3-[3-amino-2,4,6-tri-iodophenyl]-2-ethylpropanoic acid) is a new compound that seems to meet the requirements of a cholecystographic contrast medium. Observations on 310 patients in whom this medium was used revealed a low incidence of secondary reactions, rapid absorption, prompt response of the gallbladder to a fat meal, rapid elimination of the medium from the body, and improved visualization of the gallbladder. When telepaque* is used visualization of the bile ducts occurs often enough to make this a convenient procedure for their study. The bile ducts are visualized in their natural and undisturbed state and not through the influence of medication administered to produce a spasm of the sphincter of Oddi or by means of cholangiography in the operating room. Thus nonsurgical or oral cholangiography may replace surgical or operative cholangiography. Telepaque* is prepared in 0.5 gm. tablets, six tablets being dispensed in one tube for a single dose. Of the 310 patients studied, 250 received six tablets and 60 received 12 tablets. The use of smaller doses is being studied. With 12 tablets the gallbladder shadow is denser and the ducts are better visualized, but for routine studies this large dose is not indicated except possibly in very obese patients.

Radioactive Colloidal Gold in Pleural Effusions and Ascites.—Radioactive colloidal gold was injected into the thoracic or abdominal cavities of 19 patients with malignant lesions involving the pleura or peritoneum. The primary objective of this treatment was the reduction of fluid accumulation, and the secondary objective was the relief of pleuritic or abdominal pain. Radioactive colloidal gold was considered appropriate for this purpose, because of its short half-life (2.7 days); its superficial action, about 90% of the ionization occurring in the first millimeter of the exposed serosal surface, and its particulate size, which is such that absorption by the vascular and lymphatic systems is negligible. Since the follow-up was very short in 3 patients, only 16 of the treated patients are reported on here. Four of these patients had decreased fluid accumulation as well as relief of pain. Four others experienced moderate relief of these symptoms, and in the remaining eight the results varied. Use of radioactive gold can be accepted as a valid radioactive procedure, but conclusions as to prolongation of life or destruction of malignant tissue will require more follow-up data, case studies, and autopsies.

Multicentric Mammary Cancer in Irradiated Breast.—Lisa and associates report a case of possible radiation-induced neoplasia in a woman who, at the age of 29, had a diagnosis of Hodgkin's disease based on lymph node biopsy. During the succeeding three years high voltage roentgen ray therapy was given twice weekly and sometimes more frequently. In April, 1944, when the woman was seen first by the authors, the skin of the right anterior chest wall and lower neck were telangiectatic, with subdermal fibrosis and loss of the elasticity of the tissues, including the major portion of the right breast. In 1951 a small nodule was found in the upper inner quadrant of the right breast, and biopsy disclosed mammary cancer. Due to the fibrosis and scarring of the breast and the axilla, radical mastectomy proved difficult and healing was delayed. Pathological studies proved the presence of multiple carcinomas of the right breast, metastatic to numerous lymph nodes in the axilla. There was no evidence of distant dissemination of the breast cancer. The concurrence of radiation damage with multicentric mammary cancers in the same organ may be coincidental, but the authors say that they never examined a breast with such extravagant neoplastic changes, suggesting radiation-induced neoplasia.

Am. J. Syphilis, Gonorrhea and Ven. Dis., St. Louis

36:401-500 (Sept.) 1952

Treponemal Immobilization Test Using Organisms from Frozen Testis. F. W. Chorpenning, R. W. Sanders and J. F. Kent.—p. 401
Stethograms in Cardiovascular Syphilis as Aid for Early Diagnosis. H. Eisenberg.—p. 407.
Electrocardiographic Changes in Secondary Syphilis. H. Eisenberg, M. R. Davis, L. S. Wright and E. B. Johnwick.—p. 418.
Treponemal Disease Control in Underdeveloped Countries: Experiences in Mass Therapy. F. W. Reynolds and T. Guthe.—p. 424.
Venereal Disease Conditions in Far East. R. S. Graham.—p. 433
Second Infection in Treated and Untreated Congenital Syphilis. A. S. Grimble and R. D. Hahn.—p. 439.
Adjusting Venereal Disease Control to Antibiotic Era. T. H. Sternberg. —p. 445.
Therapy of Early Syphilis with Artificial Fever in Combination with Mapharsen, Bismuth, and Penicillin. J. F. O'Brien, J. Rodriquez, C. A. Smith and G. X. Schwemlein.—p. 451.
*Effectiveness of Penicillin in Prevention of Congenital Syphilis with Note on Effect of Cowpox Vaccination on Serologic Tests of Seronegative Infants. L. W. Shaffer and C. J. Courville.—p. 457.
Universal Serologic Reaction in Pinta. R. L. Kahn and L. Gutierrez Villegas.—p. 468.
Comparative Study of Methods of Production of Antisheep Amboceptor. T. F. Muraschi, G. M. Gnesh and V. N. Tompkins.—p. 476.
Nongonococcal Urethritis in Navy. R. W. Babione and R. S. Graham. —p. 480.
Chancroid: Report of 1,402 Cases. J. Asin.—p. 483.

Penicillin in Prevention of Congenital Syphilis.—The outcome of pregnancy in 1,002 syphilitic women treated with penicillin and delivered between 1948 and 1950 is reported. There were 921 normal infants born at term, 24 abortions, 28 stillbirths, 25 neonatal deaths, and 5 living syphilitic infants. Four infants were lost from observation. The incidence of abortions, miscarriages, stillbirths, and neonatal deaths closely paralleled that reported for nonsyphilitic pregnancies. Four stillbirths and one neonatal death were attributed to syphilis. Placental therapeutic shock may have been the cause of two stillbirths. The one neonatal death and the congenital syphilis in four infants were due to relapse or reinfection in women who were lost from observation during the latter part of pregnancy. Of 343 women treated before their pregnancies and allowed to go through pregnancy without additional therapy, 274 were seronegative and 69 were seropositive. The seronegative women delivered 250 (91.3%) normal infants, 3 were lost from observations, and 21 (7.7%) had accidents of pregnancy not considered to be due to syphilis. Only 52 (75.4%) seropositive women delivered normal infants, 1 was lost from observation, and 16 (23.2%) had accidents of pregnancy, 11 of which were considered as possibly caused by syphilis. These data suggest that it is advisable to treat the seropositive pregnant woman when there is any question of unsatisfactory response to previous therapy or of her willingness to remain under close observation. Syphilitic women who have been adequately treated and have progressed to seronegativity do not need to be retreated during pregnancy, provided the results of serologic tests remain continually negative. Of 633 infants subjected to serologic tests done on umbilical cord blood, 137 gave a positive Kahn reaction. Of these 137 infants, only 4 had congenital syphilis as determined by further follow-up. A positive serologic test on cord blood is not diagnostic of congenital syphilis in the infant, especially when the mother has been cured. Some infants of mothers treated late in pregnancy may show persistent but gradually decreasing titers that may require several months to become negative. Penicillin therapy

V 15
1952

is best administered early in pregnancy. If the presence of syphilis is not detected early, the pregnant woman should be treated any time before actual delivery. If it is too late to prevent infection, such treatment may be effective in "curing" the infected infant in utero. Adequate penicillin treatment given during pregnancy is almost 100% effective in the prevention of congenital syphilis or in curing an already infected fetus, provided further serologic and clinical progress of the mother and infant is satisfactory. Smallpox vaccination of newborn infants was not observed to be a common cause of biological false positive serologic test reactions.

American Review of Tuberculosis, New York

66:261-390 (Sept.) 1952

Lung Immobilizer Therapy in Pulmonary Tuberculosis: Clinical Study. R. A. Hemphill, G. C. Owen and J. D. Steele.—p. 261.
*Streptomycin and Dihydrostreptomycin in Treatment of Tuberculous Empyema. I. Experimental Studies of Drug Concentrations Attained with Various Vehicles. I. Ståhle.—p. 271.
*Id.: II. Studies with Cellugel as Vehicle. I. Ståhle.—p. 285.
Method for Standardization of Tuberculin Preparations by Intracutaneous Reactions in Humans: Comparison of Two Purified Tuberculins. S. N. Meyer.—p. 292.
Isolation and Chemistry of Protein Fraction of M. Tuberculosis and Its Ability to Sensitize Cells. F. B. Seibert and A. M. Fabrizio.—p. 314.
Studies of a Purified Tuberculin Fraction in Testing BCG-Vaccinated Subjects. Preliminary Study. K. Birkhaug, M. C. Pangborn and E. H. Cummerow.—p. 335.
Comparison of New Purified Tuberculin with Purified Protein Derivative. H. M. DuBose, W. R. Mason and M. M. Cummings.—p. 345.
*Significance of Tuberculin Skin Reaction in Antituberculous Vaccine Assay. R. W. Sarber and M. J. Hemans.—p. 351.
Hypopotassemia and Hyponatremia in Pulmonary Tuberculosis During Treatment with Streptomycin and Para-Aminosalicylic Acid. D. S. Amatuzio, R. B. Breitenbucher, A. Falk and F. L. Stutzman.—p. 357.
Adrenocortical Function in Pulmonary Tuberculosis. G. D. Campbell, R. H. Biggs and H. Boswell.—p. 364.

Streptomycin and Dihydrostreptomycin in Tuberculous Empyema.—Empyema fluid usually has a slightly acid or neutral reaction (pH 6.8 to 7), which reduces the therapeutic activity of streptomycin. Ståhle investigated the effect of the pH of the fluid and on the effective concentration of streptomycin or dihydrostreptomycin in the pleural fluid of administering these drugs intrapleurally in three different vehicles. He performed 44 experiments in 7 patients with tuberculous empyema. When 0.9% sodium chloride solution was used as a vehicle, the concentration of streptomycin in the pleural fluid remained surprisingly low. This is regarded as one of the reasons for the previously reported failure of streptomycin treatment in tuberculous empyema. When "cellugel I" (sodium carboxymethyl cellulose with added sodium chloride and methylparabenzoate) was used as the vehicle, the concentration of streptomycin was higher. Owing to the chemical character of streptomycin, this drug could not be tested in the third vehicle, "cellugel II" (sodium carboxymethyl cellulose with added methylparabenzoate buffered with disodium phosphate), but dihydrostreptomycin was tested in all three vehicles. The effective concentration of dihydrostreptomycin in the pleural fluid was higher than that of streptomycin with all vehicles. The pH of the pleural fluid was found to be 6.9 to 7 when 0.9% sodium chloride and unbuffered "cellugel I" was used as vehicles, but with buffered "cellugel II," a pH of 7.8 to 8 could be maintained for a considerable period. This is considered to be the optimum pH level for the therapeutic effect of streptomycin and dihydrostreptomycin. The difference in pH between "cellugel I" and "cellugel II" did not significantly alter the dihydrostreptomycin concentration. In therapeutic trials, four patients with tuberculous empyema were treated with streptomycin or dihydrostreptomycin in a nonalkaline "cellugel" solution, and five patients with tuberculous empyema were treated with dihydrostreptomycin in an alkaline "cellugel" solution. Two of the four patients treated by the first method were cured; all of the patients treated by the second method were cured. No increased scarring as a result of the "cellugel" treatment was observed. One additional patient with pleural empyema associated with a persistent bronchopleural fistula was treated for 146 days with dihydrostreptomycin in an alkaline cellugel solution; the only result achieved in this patient was that the pus became thinner. Continuous alkalinization of the empyema fluid seems to be of considerable significance in the healing process during treatment with streptomycin or dihydrostreptomycin, the effect of the drugs being improved by this method. Even in empyemas of several years duration, it was possible to obtain a cure with dihydrostreptomycin in an alkaline "cellugel" solution. This combination appears to have optimum therapeutic effect.

Tuberculin Skin Reaction in Antituberculous Vaccine Assay.—Two types of antituberculous vaccines, BCG vaccine and a nonviable irradiated vaccine prepared from a virulent culture of Mycobacterium tuberculosis, were evaluated for their antigenic potency in guinea pigs. BCG vaccine was given intraperitoneally, while irradiated vaccines were given intraperitoneally, subcutaneously, intramuscularly, or intracutaneously. About one month after the last dose of vaccine, 0.0005 mg. of tuberculin (purified protein derivative) was given intracutaneously, and the reactions to the tuberculin were recorded 24 hours later. After the determination of postvaccination tuberculin sensitivity, all immunized animals and a control group of normal animals were challenged intraperitoneally with 0.01 mg. semimoist weight of Myco. tuberculosis H37Rv. Two to three months after challenge, when random sampling showed progressive tuberculosis established in the controls, all animals were killed and postmortem examinations were made. Results revealed that guinea pigs immunized with either BCG vaccine or irradiated vaccine of dead bacilli showed no significant correlation between the degree of postvaccination tuberculin sensitivity before challenge and the degree of immunity following challenge with a virulent culture. Plotting of the various tuberculin skin reactions demonstrated a wide degree of variation in the tuberculin sensitivity within and between groups of animals with a similar degree of immunity as well as in those animals with differing degrees of immunity. On the basis of these results, the postvaccination tuberculin reaction is not a suitable quantitative measure of immunity for antituberculous vaccine assay under the test conditions used.

Anesthesiology, Philadelphia

13:455-570 (Sept.) 1952. **Partial Index**

Hexylcaine (Cyclaine): Usefulness in Regional and Topical Anesthesia—Preliminary Report. L. R. Orkin and E. A. Rovenstine.—p. 465.
Physiologic Problems in Peripheral Vascular Disease. H. E. Hoff.—p. 474.
Continuous Segmental Peridural Anesthesia. M. J. Frumin and H. Schwartz.—p. 488.
Treatment of Postspinal Headache with Intravenous Ethanol: Preliminary Report. E. V. Deutsch.—p. 496.
Infusions Via the Bone Marrow and Biopsy of Bone and Bone Marrow. A. B. Tarrow, H. Turkel and M. S. Thompson.—p. 501.
Preanesthetic Medication with Procaine Amide: Preliminary Clinical Report. C. L. Burstein.—p. 510.
Asphyxia Neonatorum: Syndrome, Its Prevention and Its Treatment. D. M. Little Jr., L. J. Hampton and M. L. White.—p. 518.

Antibiotics & Chemotherapy, Washington, D. C.

2:385-440 (Aug.) 1952. **Partial Index**

Method of Decreasing Penicillin Sensitivity. L. Maslansky and M. D. Sanger.—p. 385.
β-Diethylaminoethyl Ester of Benzyl Penicillin. I. Preliminary Report on Tissue Concentrations. R. E. Rhodes, E. T. Parmelee and R. J. Ferlauto.—p. 389.
*Terramycin Therapy in Burns. H. D. Ritchie and A. B. Wallace.—p. 394.
Actithiazic Acid. I. Microbiological Studies. W. E. Grundy, A. L. Whitman, E. G. Rázok and others.—p. 399.
Achromycin: New Antibiotic Having Trypanocidal Properties. J. N. Porter, R. I. Hewitt, C. W. Hesseltine and others.—p. 409.
Subtilin Sensitivity of Bacteria as Function of Culture Age. L. E. Sacks.—p. 411.
Effect of Oral Glucuronolactone on Enteric Flora. W. E. Wooldridge.—p. 417.
Protozoicidal Properties of Rimocidin. H. Seneca, J. H. Kane and J. Rockenbach.—p. 435.

Terramycin Therapy in Burns.—Ritchie and Wallace attempted to assess the effect of terramycin in the treatment of burns and scalds by the exposure method in children and to compare its efficacy with that of penicillin. The drug was given to 50 consecutive burned or scalded children admitted to the Royal Hospital for Sick Children in Edinburgh. The drug was taken orally without difficulty. In most patients under 2 years of age the elixir was given. Children over 2 years of age were given the contents of 250 mg. of gelatin capsules in milk. For children under 3 years the dose was 250 mg. every six hours; for those between 3 and 6 it was 375 mg. every six hours; and for those

between 6 and 12 it was 500 mg. every six hours. These dosages were continued for five days. The most extensive burns involved 22% of the body surface. In a few cases the burns were deep, but in the majority they were superficial in type. Blisters were opened and the burnt area and surrounding skin cleansed with 1% cetrimide. The burn was then washed with sterile 0.9% sodium chloride solution and dried. The burns were exposed to the air. Crusting occurred in 48 hours, and the healing time was within normal limits for the exposure. Positive bacteriological reports were obtained in 71% of the cases but in none of these did local manifestation of infection develop. The results obtained in these 50 children treated with terramycin were compared with those obtained in 230 treated with penicillin. As might be expected from the breadth of its bacterial spectrum, terramycin appears to be a more efficient prophylactic agent than penicillin in the treatment of burns and scalds. It is well tolerated by children, and bacteriostatic levels are reached in most cases. It has the advantage that it can be given orally. It appears to be better tolerated by children than by adults.

Arkansas Medical Society Journal, Fort Smith

49:59-76 (Sept.) 1952

Diagnosing Your Public Relations. L. W. Rember.—p. 59.
Allergy and Other Medical Problems in Otolaryngology. F. K. Hansel. —p. 62.
Use of Artificial Radioisotopes as X-Ray and Radium Substitutes in Radiation Therapy: Review. I. Meschan.—p. 64.
Report on "Petit Jean Workshop" (School Health Conference). H. W. Thomas.—p. 69.

Blood, New York

7:959-1052 (Oct.) 1952

Biochemical Studies in Chronic Myelocytic Leukemia, Polycythemia Vera and Other Idiopathic Myeloproliferative Disorders. W. N. Valentine, W. S. Beck, J. H. Follette and others.—p. 959.
Experimental Megaloblastic Anemia and Scurvy in Monkey. IV. Vitamin B_{12} and Folic Acid Compounds in Diet, Liver, Urine and Feces and Effects of Therapy. C. D. May, A. Hamilton and C. T. Stewart. —p. 978.
Experimental Production of Nutritional Macrocytic Anemia in Swine. V. Hematologic Manifestations of Combined Deficiency of Vitamin B_{12} and Pteroylglutamic Acid. G. E. Cartwright, B. Tatting, D. Kurth and M. M. Wintrobe.—p. 992.
Hemolytic Disease and Polycythemia in Parabiosis Intoxication. R. N. Chute and S. C. Somers.—p. 1005.
Maintenance of Circulating Red Cell Volume in Rats After Removal of Posterior and Intermediate Lobes of Pituitary. D. C. Van Dyke, J. F. Garcia, M. E. Simpson and others.—p. 1017.
Exact Method for Chamber Count of Eosinophils in Capillary Blood and Its Application to Study of Diurnal Cycle. R. A. Donato and M. M. Strumia.—p. 1020.
Hemolytic Disease of Newborn Due to Anti-S: Case Report with Review of 12 Anti-S Sera Cited in Literature. P. Levine, L. R. Ferraro and E. Koch.—p. 1030.
Paroxysmal Nocturnal Hemoglobinuria Treated with ACTH without Benefit. B. J. Hoffman and V. E. Powell.—p. 1038.
Selective Histochemical Procedure for Eosinophil Leukocytes. R. D. Lillie.—p. 1042.

California Medicine, San Francisco

77:121-168 (Aug.) 1952

Operations on Adrenal Glands. W. P. Longmire Jr. and W. F. Barker. —p. 121.
Coxsackie Viruses: Review of Pathologic, Epidemiologic, Diagnostic and Etiologic Observations. C. M. Carpenter and R. A. Boak.—p. 127.
*Treatment of Pain and Neuromuscular Tension: Report on Intravenous Use of Tetracaine in 365 Cases. J. S. Horan.—p. 131.
Parturient Perineorrhaphy. W. K. Lamb.—p. 135.
Bone Marrow Aspiration: Posterior Iliac Crest, an Additional Safe Site. H. R. Bierman.—p. 138.
Analytic Group Psychotherapy: For Wives and Husbands. I. W. Rushkin. —p. 140.
Colonic Procidentia. I. L. Lichtenstein and A. W. Ulin.—p. 146.
Extragenital Syphilis in Physicians. E. Epstein.—p. 149.

Intravenous Use of Tetracaine.—Tetracaine, a local anesthetic drug of the procaine series, has been used as a spinal and topical anesthetic. It has a more profound and a longer lasting anesthetic effect than procaine. As procaine had been used intravenously in various types of pain, it seemed logical to try tetracaine, as its higher potency would make possible the use of small amounts that could be administered by a syringe instead of with a flask and tubing as was required with procaine. This paper presents experiences with the intravenous use of tetracaine in over 1,500 injections given to 365 patients in a leprosarium, an industrial clinic, a neuropsychiatric department, and in private practice. Tetracaine administered intravenously produces analgesia, vasodilitation, and relaxation of spastic muscle. The concentration of maximum effect and least toxicity was 0.25% or 1:400, which is equivalent to 2.5 mg. per cubic centimeter. This can be made up by adding the contents of a 250 mg. ampul to 100 cc. of sterile isotonic sodium chloride solution. The solution may be kept for one or two weeks. Tetracaine should not be dissolved in distilled water, because such a solution would be hypotonic and unsuitable for intravenous injection. Best results were obtained in syndromes in which pain was associated with muscle spasm, such as in lower back pain and in scalenus anticus syndrome. All but 5 of 50 patients with lower back pain obtained relief. Sixty-five of the patients were treated for neuromuscular tension with good relaxation and increase in comfort. Alcoholics were relieved of some tension and may have been helped to resist the desire to drink. Thirteen of 14 patients with premenstrual tension obtained complete relief. Eight patients with anxiety and tension states also responded favorably. Toxic and allergic reactions and other undesirable side-effects were negligible.

Florida Medical Association Journal, Jacksonville

39:233-306 (Oct.) 1952

Dermatologic Dangers of Sunlight. M. Walsman.—p. 249.
Exchange Transfusion in Erythroblastosis Fetalis. J. J. Griffitts.—p. 259.
Acute Craniocerebral Injuries. J. G. Lyerly.—p. 264.
"Coronary Disease" of the Inner Ear: Vascular Origin of Vertigo and Deafness. J. A. Hilger.—p. 269.

Gastroenterology, Baltimore

22:1-156 (Sept.) 1952

New Concepts of Organization of Central Emetic Mechanism: Recent Studies on Sites of Action of Apomorphine, Copper Sulfate and Cardiac Glycosides. S. C. Wang and H. L. Borison.—p. 1.
Hepatic Lesions in Living Patient with Chronic Ulcerative Colitis as Demonstrated by Needle Biopsy. M. S. Kleckner, Jr., M. H. Stauffer, J. A. Bargen and M. B. Dockerty.—p. 13.
Pathogenesis of Atrophy of Left Lobe of Liver of Man. E. J. Benz, A. H. Baggenstoss and E. E. Wollaeger.—p. 34.
Serum Iron in Liver Disease. H. Ducci, A. Spoerer and R. Katz.—p. 52.
*Carcinoma of the Stomach: Review of 406 Cases seen from 1940 to 1945; Operability, Resectability and Curability. C. H. Brown and C. F. Kane. —p. 64.
*Clinical Evaluation of Prolapse of Gastric Mucosa into Duodenum. M. Feldman, S. Morrison and P. Myers.—p. 80.
*Relation Between Benign Ulcer and Carcinoma of Stomach; Report of Eight Cases of Malignant Transformation. C. H. Brown, E. R. Fisher and J. B. Hazard.—p. 103.
Clinical and Experimental Evaluation of Effect of Diphenmethanil Methylsulfate (Prantal) on Gastroduodenal Ulcer and Gastric Secretion. A. E. Bayer, K. Plummer and S. Bradford.—p. 112.

Carcinoma of the Stomach.—Brown and Kane review 406 cases of carcinoma of the stomach observed at the Cleveland Clinic between 1940 and 1945 to establish a base line for evaluation of the more extensive operations now recommended and to determine whether the survival and curability rates have increased. Gastric resection was done in 100 patients, palliative procedures in 48, and exploration in 87 patients; 44 patients refused surgical treatment, and 127 were considered inoperable. Among the patients undergoing gastric resection, patients in the group that survived five years are compared with patients in the group that did not. There was no significant difference in the duration or type of symptoms. Size of the lesion was of no prognostic value. The type of gross lesion with the most favorable prognosis was the polypoid and the polypoid ulcerating lesion. Fifteen of 26 patients with polypoid lesions survived five years or longer. Of the 27 patients who underwent resection and survived for 5 years or longer, 11 had involvement of the lymph nodes, and in 6 the lesion had extended to other organs. Of the 48 patients who had palliative surgery only, 16 who had lymph node involvement and 11 in whom the lesion had spread to other organs

V 1
195

might have been subjected to resection on the basis of current standards. The same might be said of some of the 29 patients with lymph node involvement and of some of the 19 with extension to other organs among the 87 who were subjected to exploratory surgery only. Reasons are presented for considering the lesions inoperable in 127 patients. The authors now feel that presence of a fixed mass, hepatomegaly, or esophageal involvement does not necessarily make a lesion inoperable. However, nodular liver, ascites, Virchow's node, and Blumer's shelf appear to contraindicate surgical treatment. The authors feel more confident in telling the patient his condition is hopeless if he has had a tissue diagnosis, such as liver biopsy, examination of the ascitic fluid for cancer cells, or biopsy of a Virchow's node. Whereas tissue diagnosis is helpful, operability cannot be determined by roentgen ray examination alone. If the modern concept of the most extensive surgical treatment for cancer is accepted, it appears that 71 of the 127 patients considered inoperable might have been operated on with a chance of a five year survival in a few. Without gastric resection, their outlook was hopeless. The average survival was 4.2 months; however, five patients survived more than two years. It is too early to tell whether the increase in the scope of surgery means a corresponding increase in five year survivals, but there is hope that this is the case.

Prolapse of Gastric Mucosa into Duodenum.—A diagnosis of prolapse of the gastric mucosa was made in 1.8% of 20,467 gastrointestinal roentgen studies collected by the authors. They believe the true incidence is much higher. They found an incidence of 14% among 371 personally observed patients with gastrointestinal symptoms. The etiological factors are redundant mobile antral mucosa, gastritis involving the antral mucosa with hypertrophy of the mucosa, and heightened peristaltic activity. Other factors may favor this condition. The association of duodenal ulcer, gastric ulcer, hypertrophic gastritis, hiatus hernia, pseudopolyp formation, benign tumors, and carcinoma is discussed. The characteristic roentgenologic criteria and a classification of degrees of prolapse are discussed. The symptoms corroborate the roentgenologic findings; the predominant symptoms are epigastric pain, gas, fullness, belching, burning, nausea, vomiting, bleeding, weakness, and loss of weight. Treatment of prolapse of the gastric mucosa is ordinarily a medical problem. The use of antispasmodics and anticholinergic and ganglionic blocking agents may eliminate or control peristalsis. Psychiatric therapy may be helpful in reducing the cephalic phase of gastric activity. Even the minimal degrees of prolapse should be treated to prevent progression. Surgical treatment is reserved for severe, intractable cases. Operations include simple resection of the redundant gastric mucosa, resection of the redundant mucosa with pyloroplasty, gastric resection, and gastroenterostomy.

Relation Between Benign Ulcer and Carcinoma of Stomach.—The resected tissues of patients with gastric ulcer and carcinoma of the stomach treated surgically at the Cleveland Clinic from 1945 to 1951 were reviewed. Eight cases were found that met all the criteria of carcinoma arising in a benign gastric ulcer. First, there should be evidence of a preexisting chronic gastric ulcer, including the presence of the characteristic layers of a peptic ulcer (fibrinopurulent exudate, a zone of necrosis, granulation tissue, and a dense fibrous base with loss of muscularis due to peptic digestion), thickening of the vessel walls, and formation of thrombi. Second, there must be definite evidence of malignant change. The inclusion of a few epithelial cells in the reparative process of a benign ulcer or the presence of several mitotic figures do not signify carcinoma. There should be changes in the staining quality of the nuclei, changes in polarity, typical mitotic figures, and, usually, infiltration of the neoplasm beneath the muscularis mucosa. Finally, the carcinoma should begin at the margin of the ulcer and should not be desmoplastic. The eight cases of carcinoma arising in benign gastric ulcer found by the authors constitute only 1.1% of the cases of benign gastric ulcer observed and 1.5% of all gastric carcinomas proved at operation during the same period. Perhaps with the use of serial blocks a somewhat higher incidence may be revealed. The main problem for the clinician is not whether a benign gastric ulcer becomes malignant, for such a change is rare, but whether a particular ulcer is benign or malignant.

Georgia Medical Association Journal, Atlanta

41:333-384 (Aug.) 1952

Carcinoma of Cervix—Results of Radiation Therapy. T. Harrold and J. B. Stearn.—p. 336.
Certain Problem in Fracture Treatment. H. E. Conwell.—p. 343.
Is the Nasal Cavity Sterile? A. V. Gafford and A. P. Keller Jr.—p. 347.
Longevity. E. A. Allen.—p. 348.

41:385-426 (Sept.) 1952

Poliomyelitis. W. F. Friedewald.—p. 390.
Childhood Accidents and Their Prevention. H. J. Morrison.—p. 392.
Surgery of Upper Gastrointestinal Tract. B. H. Hand.—p. 395.
Pregnancy of Six Months Complicated by Metastatic Melanoma. W. M. Hendricks.—p. 397.
Notes on Prostatic Surgery and Results Which Should be Expected of It. D. M. Davis.—p. 400.

Geriatrics, Minneapolis

7:225-262 (July-Aug.) 1952

Management of Stress Incontinence. J. W. Huffman and J. K. Sobel.—p. 225.
Parenteral Nutrition in Elderly Surgical Patients. C. O. Rice and J. H. Strickler.—p. 232.
Aging and Adrenal Cortical Hormones. C. Solez.—p. 241.

7:263-316 (Sept.-Oct.) 1952

Newer Concepts in Management of Menopause. R. B. Greenblatt.—p. 263.
Cellular Pattern of the Vessel Wall: Its Alterations in Old Age and Disease. R. Altschul.—p. 270.
Senile Anorexia. N. Vinther-Paulsen.—p. 274.
Group Therapy of Obesity in Elderly Diabetics. E. D. Schwartz and J. I. Goodman.—p. 280.
Degenerative Arthritis in Aging. W. K. Ishmael.—p. 284.
Frontal Plane Intertrochanteric Fracture: Case Report. M. Burman.—p. 288.
Aging and Adrenal Cortical Hormones. II. C. Solez.—p. 290.

GP (J. Am. Acad. Gen. Practice), Kansas City, Mo.

6:7-140 (Sept.) 1952

Emergency Eye Treatment. D. B. Kirby.—p. 32.
Medical Approach to Reading Difficulty. R. Swartout.—p. 49.
Alcoholism: the Physician's Duty. M. A. Block.—p. 53.
Urinary Stress Incontinence in Women. R. Lich Jr., and J. E. Maurer.—p. 59.
Ammunition Against Infections. F. H. Top.—p. 65.
Treatment of Pyelonephritis. H. Jeghers.—p. 73.

Illinois Medical Journal, Chicago

102:161-220 (Sept.) 1952

Physicians and Selective Service. C. F. Steinhoff.—p. 170.
Tumors of the Breast. B. H. Neiman.—p. 174.
*Incidence of Breast Pathology in Well Women. M. A. Phillips and J. Miller.—p. 176.
*Is Teaching Breast Self-Examination for Cancer Effective? G. H. Gowen, E. Hittle, N. Roe and I. Crawford.—p. 179.
Tumors of the Parotid. G. Milles.—p. 182.
Rooming-in of Mother and Baby in Hospital. J. C. Montgomery.—p. 191.
Group Diabetic Management in State Mental Hospital. P. H. Ross and M. Gibson.—p. 196.
Psychosurgery in a State Hospital. I. Spinka, H. Tinsley and G. Fenyes.—p. 201.
Influenzal Meningitis Treated Successfully with Polymyxin B (Aerosporin). H. Leichenger and L. C. Freeman.—p. 205.
Endometriosis of Umbilicus: Case Report. E. L. Strohl and J. U. Stanger.—p. 208.
Transient Hyperglycemia and Glycosuria Associated with the Acute Abdomen. L. G. Khedroo and M. M. DiGilio.—p. 210.

Breast Lesions in Apparently Healthy Women.—This report deals with the breast lesions discovered in 408 (5.2%) of 7,767 women studied at the Cancer Prevention Center of Chicago in the course of two years. Of these 408 women, 129 had a definite mass while 279 had only benign mastopathy. The 129 women with a definite mass were advised to submit to biopsy, but only 54 did so. In 10 of these, the biopsy disclosed malignant lesions, of which most were adenocarcinomas, two were simple carcinomas, and one was an infiltrating scirrhous carcinoma. Thus the incidence of malignant breast lesions was 0.13%, and about 1 in 777 apparently well women may be expected to have a breast carcinoma. The authors conclude that routine breast examination and biopsy of suspicious lesions are indicated to detect early carcinoma. They advise a complete pelvic examination for patients with a breast lesion.

Self-Examination for Breast Cancer.—In October, 1949, a course of instruction in self-examination of the breast was offered to women employees in the Illinois state government, and 470 received such instruction. About 80% were 30 years of age and over. As a group, they were told of the importance of breast cancer and why an early diagnosis was necessary. Individual instruction was given by two nurses. Questionnaires were sent to all 470 women in November, 1951. Replies were received from 129 (27%). Of those replying, 79% stated that they had been and were still carrying out self-examination of the breast, and nearly two-thirds of these were doing it at an average interval of two months. Nine discovered tumors, of which eight were benign and one was malignant. The authors feel that self-examination will be helpful in the early detection of breast cancer.

Iowa State Medical Society Journal, Des Moines

42:389-434 (Aug.) 1952

Present Status of Treatment of Diseases of Thyroid Gland. G. Crile Jr. —p. 389.
Diagnosis and Management of Thyroid Disease. T. L. Carr.—p. 394.
Treatment of Alcoholism with Antabuse. R. C. Larimer.—p. 400.
Resection in Treatment of Pulmonary Tuberculosis. C. W. Gray.—p. 402.
High Dilution Therapy in Use of Histamine and Staphylococcus Toxoid in Practice of Otolaryngology and Ophthalmology. L. H. Prewitt. —p. 412.

42:435-476 (Sept.) 1952

Rectovaginal and Anovaginal Fistulas: Surgical Procedure for Treatment of Certain Types. R. J. Jackman.—p. 435.
Practical Aids in Neurologic Diagnosis. A. L. Sabs.—p. 440.
Rational Fluid Therapy in Daily Practice. C. M. Ryan.—p. 443.
External Otitis: Specific Disease Entity. H. L. Cline.—p. 446.
Problem of Chronic Ear. T. R. Updegraff.—p. 451.

Journal of Gerontology, St. Louis

7:161-350 (April) 1952. Partial Index

Age Changes in Relation to Ingestion of Milk, Water, Coffee, and Sugar Solutions. C. M. McCay, F. Lovelace, G. Sperling and others.—p. 161.
Histologic Changes in Aging Cochlea. W. P. Covell.—p. 173.
Aging of Neurofibrils. J. M. Sosa.—p. 191.
Age Changes in Maximal Rate of Renal Tubular Reabsorption of Glucose. J. H. Miller, R. K. McDonald and N. W. Shock.—p. 196.
Age Trend of Serum Concentrations of Cholesterol and of Sr 10-20 ("G") Substances in Adults. A. Keys.—p. 201.
*Hematologic Values in the Aged. J. B. Shapleigh, S. Mayes and C. V. Moore.—p. 207.
Extensive Aneurysms of Abdominal Aorta, Common Iliac, and Hypogastric Arteries. D. D. Ulmer and L. J. Freiermuth, Jr.—p. 220.
Risk of Urologic Surgery in Men Past 80. G. J. Thompson.—p. 223.
Evaluation of Psychologic Effects of Sex Hormone Administration in Aged Women. I. Results of Therapy After Six Months. B. M. Caldwell and R. I. Watson.—p. 228.
Experience of Group Insurance Plan with Older Enrollees. G. Baehr and N. R. Deardorff.—p. 245.

Hematological Values in the Aged.—This review emphasizes the limited information available regarding the hematological system in the aged, there having been almost no systematic studies made of the total blood volume, the various factors related to hemostasis, and the reticulocyte percentages. Furthermore, observers have found it difficult to select a representative sample of persons over 60 years of age who have no disease except for these degenerative changes that may be considered "normal" in the aged. These authors supplemented values obtained from the literature by observations made on the blood of 50 men and 50 women who were 60 years of age or older. They feel that about the only statement that can be made with assurance is that the peripheral blood and bone marrow do not change strikingly as persons grow older. The total volume of red, hematopoietically active, marrow probably decreases, but the amount that remains is able to maintain erythrocyte values at levels only slightly lower than those found in young adults. Blood cell counts in men remain slightly higher than in women, but sex difference in the average values becomes less. No consistent change has been found in the total number of white blood cells, the percentage of the several types of leukocytes, or the platelet count. Even these generalizations, however, are based on meager data and may need revision after more extensive studies have been completed.

Journal of Immunology, Baltimore

69:241-372 (Sept.) 1952

Ambceptor Titration as a Statistically Controlled Assay. O. G. Bier, M. Siqueira and R. S. Furlanetto.—p. 241.
Interaction of Protein Antigens and Antibodies. I. Inhibition Studies with Egg Albumin-Anti-Egg Albumin System. W. J. Kleinschmidt and P. D. Boyer.—p. 247.
Id.: II. Dissociation Studies with Egg Albumin-Anti-Egg Albumin Precipitates. W. J. Kleinschmidt and P. D. Boyer.—p. 257.
Id.: III: Dissociation Studies with Diphtheria Toxoid-Antitoxin Precipitates. E. W. Turner and P. D. Boyer.—p. 265.
Effect of Environmental Temperature on Immune Response of Mice to Tetanus Toxoid. J. Ipsen, Jr.—p. 273.
Effect of Multiple Injections of Antigen upon the Specificity of Antisera. C. A. Leone.—p. 285.
Immunochemical Studies on Specific Polysaccharide of Type II Pneumococcus. S. B. Beiser, E. A. Kabat and J. M. Schor.—p. 297.
Immunologic Study of Iron-Binding Protein. B. V. Jager and C. J. Gubler.—p. 311.
Anti-A Haemagglutinins in Seeds. G. W. G. Bird.—p. 319.
Effect of Glucose on Growth of Influenza Virus in Deembryonated Eggs and Tissue Cultures. J. B. Daniels, M. D. Eaton and M. E. Perry. —p. 321.
Influence of Cortisone on Passive Transfer of Tuberculin Hypersensitivity in Guinea Pig. M. M. Cummings and P. C. Hudgins.—p. 331.
Experimental Studies on Trichomoniasis. II. Immunity to Reinfection in T. Vaginalis Infections of Mice. D. R. Kelly and R. J. Schnitzer. —p. 337.
Comparison of Antigenic Patterns of Influenza A Virus Strains Determined by in Ovo Neutralization and Hemagglutination-Inhibition. M. R. Hilleman and F. L. Horsfall, Jr.—p. 343.
Use of Antigen-Antibody Reactions in Agar to Follow the Progress of Fractionation of Antigenic Mixtures: Application to Purification of Staphylococcal Enterotoxin. M. J. Surgalla, M. S. Bergdoll and G. M. Shack.—p. 357.
Method for Removing Complement in Vivo and its Rate of Return. G. Seltzer, S. Baron and J. Fusco.—p. 367.

Journal Lab. and Clinical Medicine, St. Louis

40:321-488 (Sept.) 1952. Partial Index

Esterification of Serum Cholesterol. A. Wagner and C. A. Poindexter. —p. 321.
Femoral Arteriovenous Sugar Differences in Fasting Human Beings. D. M. Bell.—p. 337.
Protective Effect of Shielded Ectopic Bone Marrow Against Total Body X-Radiation. J. B. Storer, C. C. Lushbaugh and J. E. Furchner. —p. 355.
Plasma Antithrombin in Thrombosis, Hemorrhage, and Liver Disease. W. H. Griffith.—p. 367.
Pathogenesis of Plasma Transfusion Reaction with Especial Reference to Blood Coagulation System. W. H. Crosby and M. Stefanini.—p. 374.
Effect of Nitrogen Mustard (Bis-β-Chloroethyl Amine) on Liver Function and Structure in Patients with Neoplastic Disease. H. J. Zimmerman, L. K. Alpert and J. S. Howe.—p. 387.
Cardiopulmonary Studies in Patients with Mitral Stenosis. I. Cardiovascular Dynamics. G. Miller, H. Goldberg, E. I. Eisberg and others. —p. 390.
*Pancreatitis in Methyl Alcohol Poisoning. I. L. Bennett, Jr., T. C. Nation and J. F. Oiley.—p. 405.
Bronchospirometry. IV. Ambient-Air and Oxygen-Recording Bronchospirometry. E. A. Gaensler and D. W. Cugell.—p. 410.
Spectrophotometric Determination of Oxyhemoglobin Saturation and Oxygen Content of Blood. A. Roos and J. A. Rich.—p. 431.
Use of an Artificial Kidney. III. Current Procedures in Clinical Hemodialysis. W. P. Murphy, Jr., R. C. Swan, Jr., C. W. Walter and others. —p. 436.
Use of Whole Blood Oximeter During Cardiac Catheterization. H. S. Harned, Jr., P. R. Lurie, C. H. Crothers and R. Whittemore.—p. 445.

Pancreatitis in Methyl Alcohol Poisoning.—In a five day period in October, 1951, more than 300 patients who had ingested bootleg whiskey containing 35% methyl alcohol were treated at Grady Memorial Hospital. In general, they presented the classic symptoms of wood alcohol poisoning: visual disturbances from mild blurring to total blindness, severe abdominal pain, nausea, headache, and central nervous system manifestations ranging from dizziness to convulsions and coma. The most obvious physiological disturbance produced in humans by methanol is severe acidosis, as evidenced by reduction in plasma carbon dioxide combining power. The present report is concerned chiefly with the occurrence of pancreatitis after ingestion of methyl alcohol. Serial serum amylase determinations were performed on 14 patients selected at random from those hospitalized for methyl alcohol poisoning. All had symptoms of severe intoxication with acidosis and visual disturbances. None received morphine or any other narcotic that might influence serum amylase

levels. All were given sodium bicarbonate solution intravenously in amounts sufficient to restore the plasma carbon dioxide combining power to normal, and all but one of these patients survived. Few amylase determinations were done during the first 48 hours after the poison was drunk. Amylase was determined by a modification of the Somogyi method. Elevation of the serum amylase level was observed in 10 to 14 patients with methyl alcohol poisoning. At autopsy, pancreatic necrosis was observed in 13 of 17 patients with fatal cases. The pathogenesis of pancreatic injury after ingestion of methyl alcohol is not clear, but histological study suggests that vascular injury with subsequent hemorrhage is responsible for most of the observed changes. The role of acidosis in the production of pancreatitis in methyl alcohol poisoning remains to be determined, although the breakdown of methanol in the body to formic acid and formaldehyde is thought to play some role in its production. It is suggested that pancreatitis may be the cause of the severe abdominal pain that often accompanies methanol intoxication.

Journal-Lancet, Minneapolis

72:461-504 (Oct.) 1952

Successful Management of the Diabetic Patient. E. A. Haunz.—p. 461.
*Treatment of Poliomyelitis with Sympatholytic Drug. J. J. O'Donnell and F. H. Top.—p. 470.
Diagnosis of Carcinoma of Right Colon: Review of 21 Cases. F. T. Lytle.—p. 473.
Treatment of Carcinoma of Right Colon: Review of 21 Cases. G. H. Hall.—p. 476.
Incidence of Diabetes Mellitus and Glycosuria in 19,358 College Students. J. R. Fox.—p. 479.
General Theory of Pain. M. G. Good.—p. 482.

Sympatholytic Drug in Treatment of Poliomyelitis.—In a poliomyelitis outbreak of epidemic proportions and with limited facilities for the use of Kenny packs, it was decided to test the reported effects of a sympatholytic drug in the relief of pain and spasm accompanying this disease. Priscoline* (2-benzyl-2-imidazoline hydrochloride) seemed worthy of trial because of ease of administration and reputed low toxicity. This therapy is based on the assumption that the pain and spasm of poliomyelitis result from the involvement of the sympathetic nervous system, either in the anterolateral horn of the spinal cord or in the peripheral ganglia. Of 679 poliomyelitis patients admitted to the Herman Kiefer Hospital from June through December, 1949, 122 were treated with priscoline,* but only 88 of these were suitable for evaluation of this treatment. The authors gained the impression that priscoline* is of some benefit in the management of patients with acute anterior poliomyelitis. Originally, it was intended by the method of alternation to compare the value of the drug with Kenny packs but this was not possible. Clinically, however, priscoline* appears to be as valuable as Kenny packs and on the basis of economy, convenience and ease of treatment, it would appear to be more useful in patients with no paralysis and in those with slight to moderate paralysis. The drug should be given an early trial in all cases in which spasm and pain are present and packs can be added when necessary. In the presence of a large outbreak and in view of the continuing shortage of nurses and other hospital personnel, it would be advisable to use priscoline.*

Journal of Nervous and Mental Diseases, New York

116:189-280 (Sept.) 1952

Control with Mesantoin of Convulsive Seizures due to Neurosyphilis: Clinical and Electroencephalographic Studies. Y. T. Wong, A. L. Hays and T. S. Hill.—p. 189.
Mephenesin in Treatment of Spasticity in Multiple Sclerosis. B. Libet and D. Rubin.—p. 198.
Toxic Delirium Precipitated by Admission to Hospital: with Remarks on Diagnosis of Incipient Drug Delirium. M. Levin.—p. 210.
Epileptic Clouded States: Review of 52 Cases. S. Levin.—p. 215.
Effect of Different Types of Electrode Application (BST) Upon Retrograde Amnesia, Post-Convulsive Recognition, and Dynamometer Readings. I. W. Scherer.—p. 226.
Sociopsychiatric Foundations for Theory of Reactions to Aging. S. L. Sands and D. Rothschild.—p. 233.
Approach to Development of Biologic Index of Character Structure: Preliminary Report of Methods, Techniques, and Tentative Findings. M. A. Gold.—p. 242.

Kansas Medical Society Journal, Topeka

53:413-464 (Sept.) 1952

Survey of Nursing as Related to Kansas. T. R. Hood and R. E. Foote.—p. 414.
Problems Relating to Nurse Education in Kansas. C. C. Lamley.—p. 421.
Nursing Problem in Small Hospitals. F. E. Wrightman.—p. 423.
Proposed 40-Hour Week for Professional Nurses Employed in Hospitals. B. W. Dickson Jr.—p. 426.
Conditions of Education and Employment that Affect the Kansas Nurse: Composite Opinion from Members of Kansas Medical Society.—p. 427.

Maine Medical Association Journal, Portland, Ore.

43:297-316 (Sept.) 1952

*Value of Adrenocorticotropic Hormone in Herpes Zoster Ophthalmicus. J. E. Poulin.—p. 301.
Mesenteric Cyst: Case Report. O. F. Pomerleau.—p. 303.
Limitations of Conservative Therapy in Perforated Peptic Ulcers. L. A. Guite.—p. 305.
Systemic Anti-Infective Agents. C. Hirschberger.—p. 306.
Role of Antisepsis in Surgical First Aid. E. W. Paine.—p. 307

Corticotropin in Herpes Zoster Ophthalmicus.—Poulin obtained favorable results with the administration of corticotropin in a patient with the corneal lesions of herpes zoster. When corticotropin had been given for two days, the improvement in the eye was dramatic and the lesion healed. Within the next six months the author observed two more patients with ocular complications of herpes zoster. The first of these two showed multiple corneal vesicles, some of which were accompanied by deep corneal infiltrates. Large doses of cortisone were administered topically and systemically, but at the end of four days it became evident that the infection was not going to respond to cortisone, for some of the deep corneal infiltrates had undergone a purulent degeneration. At this point, corticotropin was substituted; 25 mg. were given every six hours. Within 24 hours the infectious process had abated, and from that point on the cornea healed rapidly, treatment with corticotropin being continued for five days. In another patient vesicles appeared on the cornea one month after the cutaneous lesions of herpes zoster had disappeared. During cortisone treatment, opacities, haziness, and edema of the cornea developed, and painful red lesions appeared on the sclera. The patient was hospitalized, and treatment with corticotropin was instituted. Dramatic improvement occurred within 48 hours.

Michigan State Medical Society Journal, Lansing

51:1115-1248 (Sept.) 1952

Activities of Arthritis and Rheumatism Foundation. H. T. Ewald.—p. 1161.
Arthritis Research in Michigan. III. Arthritis Foundation Expands Home-Care Program. J. J. Lightbody.—p. 1163.
Use of Massive-Dose Cortisone in Treatment of Rheumatoid Arthritis. J. D. Chase and J. J. Lightbody.—p. 1167.
Clinical Trial of 11-Ketoprogesterone in Rheumatoid Arthritis. I. F. Duff, W. D. Robinson and W. Q. Wolfson.—p. 1176.
Observations on Use of Cortisone and Corticotropin in Rheumatoid Arthritis. A. E. Price, W. S. Reveno, J. J. Lightbody and others.—p. 1183.
*Intra-articular Hydrocortisone in Treatment of Arthritis: Present Status. D. C. Ensign and J. W. Sigler.—p. 1189.
Corticotropin, Protamine Supplement and Plasma Fibrinogen Levels in Chronic Arthritis. E. A. Peterman.—p. 1191.
Intra-articular Injection of Hydrocortisone (Compound F) in Treatment of Selected Cases of Arthritic Diseases. H. A. Freund.—p. 1199.
Conservative Management of Chronic Recurrent Low Back Pain. C. H. Frantz.—p. 1201.
Problems Relating to Structure and Function of Joints. E. Gardner.—p. 1208.
Application of Ultrasonics in Chronic Rheumatic Diseases. M. K. Newman and A. J. Murphy.—p. 1213.
Protrusion of Intervertebral Disk. E. Lipkin.—p. 1216.
Investigation of Steroids in Postpartum Plasma. E. B. Smith and H. A. Freund.—p. 1219.

Intra-Articular Administration of Hydrocortisone in Arthritis.—The use of intra-articular injections of hydrocortisone (compound F) for the treatment of various types of joint diseases is under investigation in many centers. Ensign and Sigler report their experiences with this treatment in 31 patients, who were given 152 intra-articular injections. In knee joints, which were injected most frequently, the dose at each injection ranged from 25 to 50 mg. (1 to 2 cc. of the suspension). Smaller joints, such

as metacarpophalangeal or interphalangeal articulations, require much smaller amounts. Wrists, ankles, and elbows respond less well to this treatment. The hip joint, because of the technical difficulty in approach and the uncertainty that the material is being injected directly into the joint space, is even less adapted to this therapy. The authors stress the following advantages of intra-articular hydrocortisone therapy: 1. It allows "specific" though temporary therapy to be applied to otherwise refractory joint disease. 2. It permits early ambulation and physical therapy in many cases when joint motion has been limited by pain and swelling. 3. It is particularly useful for local therapy in cases in which only one or two joints are involved, making systemic treatment in the form of chrysotherapy or parenteral administration of steroids unnecessary. 4. In other cases it may be used in conjunction with other forms of therapy without conflict. 5. No systemic hormonal effects develop, and no serious local complications occur. Accuracy of diagnosis is of fundamental importance in the intra-articular use of hydrocortisone. It is of benefit in rheumatoid arthritis, osteoarthritis, acute gouty arthritis, and traumatic arthritis. It should not be employed in infectious arthritis.

Military Surgeon, Washington, D. C.

3:157-230 (Sept.) 1952. Partial Index

Anticipated Progress of Sylvan Yellow Fever in Nicaragua: Plan for Attempt to Block its Course in Honduras. N. W. Elton.—p. 157.
Pneumoarthrography of Knee. T. E. Keats and W. S. Wrinkle.—p. 162.
Solitary Renal Cyst: Case Report. W. C. Meyer.—p. 169.
Local Use of Antibiotics in Chronic Urethritis. C. Ferguson, C. D. Miller and R. W. Herrmann.—p. 174.
Massive Parotid Gland Tumor. R. de R. Barondes, H. Light and R. E. Marsh.—p. 178.
Foot-and-Mouth Disease in Western Germany During 1951. T. C. Jones. —p. 180.

3:231-312 (Oct.) 1952

Residual Neuropathological Effects of Cyanide Poisoning: Study of Central Nervous System of 23 Dogs Exposed to Cyanide Compounds. W. Haymaker, A. M. Ginzler and R. L. Ferguson.—p. 231.
Army Medical Service Reserve Program. J. B. Mason.—p. 246.
Guide to Parenteral Fluid Therapy. D. G. Miller.—p. 253.
Bacillary Dysentery as Military Problem, and the Pavlovian Doctrine: Review of Recent Trends in Dysentery Research in Eastern Europe. C. F. Mayer.—p. 268.
Plasma Expanders. H. M. Nachman.—p. 276.

New England Journal of Medicine, Boston

247:419-454 (Sept. 18) 1952

Resettlement of Refugee Physicians in United States. A. M. Burgess. —p. 419.
*Recent Experiences with Acute Perforation of Peptic Ulcers at Massachusetts General Hospital: Review of 288 Cases. C. B. Burbank and B. B. Roe.—p. 424.
Rubella (German Measles): Observations on an Epidemic, with Particular Reference to Lymphadenopathy. R. B. Kalmansohn.—p. 428.
Boston Medical Library: Report of Librarian. H. R. Viets.—p. 430.
Background to Britain's Health Service. H. Clegg.—p. 435.
Causes of Cutting-Oil Dermatitis. G. E. Morris and C. Maloof.—p. 440.

Acute Perforation of Peptic Ulcers.—Of 288 patients, aged 16 to 83, with perforated peptic ulcers treated at Massachusetts General Hospital between 1940 and 1952, 27 died, a total mortality of 9.34%. It is significant that 50 of 68 patients aged 60 or over survived; three of these patients were over 80. Comparison of the total mortality in the authors' series with that of cases reviewed in two previous reports from the same institution revealed that the total mortality had dropped significantly to 9.34% from 27.2% in the previous report. Of the authors' 288 patients, 36 had been considered unsuitable for surgical intervention, and 15 of these died, a nonoperative mortality of 41.4%. Twelve of the 252 patients operated on died, an operative mortality of 4.48%. In the group operated on early and given adequate chemotherapy only one death occurred directly from perforation, a mortality of less than 0.4%. Early operation, adequate chemotherapy, gastric suction, blood transfusion, and parenteral administration of fluids have virtually reduced the mortality to a function of late diagnosis, inadequate treatment, or secondary disease. By comparison with earlier results, the single consideration that appears most important in reducing this mortality is the addition of chemotherapy to the armamentarium of therapeutic agents.

New York State Journal of Medicine, New York

52:1823-1934 (Aug. 1) 1952

Problems in Anesthesia for Surgery on Heart and Great Vessels. P. A. Lief.—p. 1859.
Anesthetic Management in Cardiac Catheterization and Angiocardiography. M. H. Adelman, A. I. Rosenthal, E. Jacobson and A. Mills. —p. 1866.
Anesthesiologist's Program for Prevention of Postoperative Pulmonary Complications. B. A. Greene and S. Berkowitz.—p. 1871.
Reduction of Immediate Postpartum Vomiting. B. E. Cappe, I. M. Pallin and J. D. Soifer.—p. 1879.
Estimation of Pulmonary Function as Related to Problems in Thoracic Surgery and Inhalation Anesthesia. R. Friedlander and W. M. Chardack.—p. 1881.
Contributions of Anesthesiology to Management of Patients with Asthma. D. Tausig, E. M. Papper and A. L. Barach.—p. 1893.
Changes in Skin and Rectal Temperatures During Surgical Anesthesia. P. W. Searles and R. M. Lenahan.—p. 1896.
Epidural Anesthesia for Cesarean Section: Report of 125 Cases. F. P. Ambro, C. A. Gordon, B. Godell and F. S. Latteri.—p. 1901.
Prophylaxis of Postspinal Analgesia Headache Following Vaginal Delivery. G. F. Marx and S. G. Hershey.—p. 1906.
Use of Naphthoic Acid Ester (Bonacaine-G Bitartrate) as Local Anesthetic: Preliminary Report. D. J. Graubard, L. Breidenbach, A. Alpin and H. Soroff.—p. 1909.

Northwest Medicine, Seattle

51:649-748 (Aug.) 1952

*Common Hazards of General Anesthesia for Tonsillectomy and Adenoidectomy. K. F. Eather.—p. 671.
Chronic Eye Diseases. M. H. Fritz.—p. 674.
Table-Supported Retractor for Abdominal and Pelvic Operations. O. A. Nelson.—p. 676.

51:749-832 (Sept.) 1952

Management of Obesity. T. L. Hyde.—p. 769.
Superficial Acute Infections and Injuries of Eye. M. H. Fritz.—p. 772.

Hazards of General Anesthesia for Tonsillectomy.—The major hazard of tonsillectomy and adenoidectomy is the anesthesia. Death, pulmonary disease, psychic trauma, and brain damage are the serious complications that may follow general anesthesia for tonsillectomy. They are usually attributed to anoxia, anesthetic overdosage, or hemorrhage. The author shows that the serious complications could be materially reduced by the more widespread and intelligent use of the endotracheal technique. In smaller communities, this would mean training one of the local physicians in the use of the laryngoscope and the endotracheal tube. Responsibility for making this training available must fall to the anesthesiologists or otolaryngologists in a given area. The psychological damage of operations on the young child may be considerable. More thought should be devoted to this subject, especially by the anesthetist and by the nurses who prepare the child for tonsillectomy.

Quarterly J. Studies Alcohol, New Haven, Conn.

13:361-552 (Sept.) 1952. Partial Index

Effect of Ethyl Alcohol on Growth, Fecundity and Voluntary Consumption of Alcohol by Mice. L. Mirone.—p. 365.
*The Problem Drinker in Industry. R. C. Page, J. J. Thorpe and D. W. Caldwell.—p. 370.
Comparison of Disulfiram Therapy and Routine Therapy in Alcoholism. J. A. Wallace.—p. 397.
Relationships Between Intake of Carbohydrate-Rich Foods and Intake of Wine and Other Alcoholic Beverages: Study Among Italians and Americans of Italian Extraction. G. Lolli, E. Serianni, G. Golder and others.—p. 401.
Alcoholism, 1941-1951; Survey of Activities in Research, Education and Therapy. V. Treatment of Alcohol Addiction. G. Lolli.—p. 461.
Id.: VI. Programs on Alcoholism in the United States, 1952. R. M. Henderson and R. Straus.—p. 472.

The Problem Drinker in Industry.—From the point of view of industry, a problem drinker is an individual in whom repeated or continued overindulgence interferes with the efficient performance of his work assignment. Histories are given of 36 patients who were advised to undergo therapy or decided to do it themselves. Ten patients sought help under Alcoholics Anonymous alone. Eight of these were successfully rehabilitated. Psychiatric treatment alone was given to five patients. One fair result was obtained and four were failures. A combination of psychiatric treatment, group therapy in Alcoholics Anonymous, and medical treatment was utilized in eight cases. Three good, three fair, and two poor results were obtained. Managerial warning was used

in one case and was effective. Twelve patients refused all aid, either denying the existence of a problem or refusing to follow advice about obtaining treatment. All of these showed downhill progression. The authors are convinced that there are far more problem drinkers in industry than are carried on the confidential records of industrial medical departments. Present day methods of dealing with alcoholism in industry are inadequate. The approach should be preventive, and lies largely in the realm of human relations.

Radiology, Syracuse, N. Y.

59:317-480 (Sept.) 1952

Chronic Gastritis: Review of Literature. W. S. Curtis.—p. 317.
Antral Gastritis. H. M. Berg.—p. 324.
Roentgenologic Exploration of Gastric Rugae with Reference to Diagnosis of Gastritis. W. P. Stampfli.—p. 336.
Speculations Concerning the Probable Evolution of Chronic Gastritis. C. F. Ingersoll.—p. 349.
Clinical Aspects of Gastritis and Gastroscopic Findings. F. B. McGlone. —p. 358.
*Difficulties in Differential Diagnosis of Gastric Carcinoma and Gastritis; Surgical Considerations. T. J. Kennedy.—p. 367.
Pathology of Gastritis. L. W. Larson and R. R. Kling.—p. 371.
Problem of Pathogenesis of Chronic Hypertrophic Gastritis. W. B. Dublin.—p. 377.
Calcifying Tendinitis of Shoulder: Critical Study of Value of X-Ray Therapy. H. P. Pienk.—p. 384.
*Results of Radiation Therapy for Bronchogenic Carcinoma: Statistical Analysis of 125 Cases. B. P. Adelman.—p. 390.
Experience with Grid Therapy. W. V. Tenzel.—p. 399.
Adenoma of Jejunum: Case Report. S. M. Roberts, L. Y. Peskoe and D. E. Fader.—p. 409.
Calcinosis Universalis: With Report of Case. A. Schwinger.—p. 415.
Preoperative Roentgen Demonstration of Non-Opaque Foreign Body in Duodenum: Report of Case. R. A. Gagliardi.—p. 419.
Pseudo-Albuminuria Following Monophen and Priodax. E. E. Seedorf, W. N. Powell, R. G. Greenlee and D. N. Dysart.—p. 422.

Differential Diagnosis of Gastric Carcinoma and Gastritis.—Early diagnosis of gastric cancer is the key to improved prognosis. Several authorities in both radiology and gastroscopy clearly show that it is often impossible to make a clinical diagnosis between a benign and malignant gastric process. Some writers postulate gastritis as a probable precursor of carcinoma of the stomach, and some point out that resection is the only curative treatment of gastritis. It is therefore of questionable practical value to argue the problem of exact differentiation between certain types of gastritis and gastric carcinoma. It is the author's belief that a diagnosis of either condition calls for careful consideration of expert excision of the involved portion of the stomach accompanied by immediate expert frozen section study of the specimen. If malignant tissue is found, an immediate frozen section study of the edges of the resected specimen should be carried out to determine whether the resection has been radical enough. This should be followed by adequate excision of the stomach lymph drainage areas. Recently, Lahey has been advocating total gastrectomy for early and intermediate gastric cancers in order that more complete removal of lymph drainage areas can be accomplished, and there may be merit in his advocation.

Radiation Therapy for Bronchogenic Carcinoma.—Radiation therapy was given to 112 men and 13 women with bronchogenic carcinoma between 1931 and 1949. The average age for all patients was 54 years, with the mean of 49.1 years for women significantly lower than that of 54.6 years for men. The commonest variety was the squamous-cell lesion, which accounted for approximately half the cases. The technique of irradiation has not changed greatly in the 20-year period covered by the author's survey, but the factors employed have varied. The present irradiation factors are as follows: 250 kv. (constant potential); 8-15 milliamperes; 50 cm. target-skin distance where therapy is strictly palliative and 70 cm. distance for its greater percentage depth dose where there is reasonable hope of some lengthy survival; and added filtration of 0.5 mm. Cu plus 1.0 mm. Al. The half-value layer of the radiation delivered is 1.7 mm. Cu. All patients at present are treated by the protracted fractionation technique. Usually, two portals are treated daily, receiving air doses of 200 r each. For palliation, treatment was usually stopped at 2,000 or 3,000 r in air to each portal. For the occasional more hopeful case it was attempted to deliver a tumor dose of 5,000 r. The statistical analysis of the 125 cases failed to reveal any definite trend to increased longevity with increasing tumor dose. Other factors such as the age of the patient at the onset of disease, duration of symptoms prior to diagnosis, and sex were also of no apparent prognostic importance. There was some difference in survival following therapy for different histological types. Of 22 patients who survived more than 12 months after therapy, 15 had squamous lesions, 2 undifferentiated carcinomas and 2 adenocarcinomas. Two cases were classified only as "malignant tumors," and 1 as "bronchogenic carcinoma, type indeterminate."

Review of Gastroenterology, New York

19:669-764 (Sept.) 1952

Malignancy of the Duodenum. E. J. Halligan, L. L. Perkel, J. K. Catlaw and L. Troast.—p. 681.
Importance of Lymph Nodes in Gastrointestinal Carcinoma. R. K. Gilchrist.—p. 697.
Problem of Gastrointestinal Disturbances Attributed to Allergy. T. L. Squier.—p 705.
Differential Diagnosis of Multiple Syndromes of Upper Gastrointestinal Tract. L. H. Berry.—p. 715.
Hemangioma of Small Intestine. E. A. Henck and J. R. Lisa.—p. 723.
Nonspecific Granuloma of Ileum in a Luetic with Foreign Body Obstruction. A. Kornstein and D. Farber.—p. 726.
Attempts to Prevent Pancreatic Fat Necrosis. I. Experiments with Soybean Antitrypsin. E. A. Noskin, H. L. Popper and H. Necheles. —p. 731.
Hyperplastic Tuberculosis of Rectum. F. Vogel.—p. 733.
Atherosclerosis: I. Monolayer Theory. H. A. Rafsky, A. Horonick, W. Aronson and L. J. Honig.—p. 739.

South Carolina Medical Assn. Journal, Florence

48:231-254 (Sept.) 1952

Electrocardiographic Changes in Experimental Bacteremia. J. D. Nelson. —p. 231.
Is the Medical Profession in the Process of Being Regimented? J. H. Gibbes.—p. 234.
Pentothal and Curare in Anesthesia. C. H. Poole.—p. 237.
Use and Abuse of Barbiturates. W. G. Morehouse.—p. 240.

Tennessee State Medical Assn. Journal, Nashville

45:337-380 (Sept.) 1952

Classification and Diagnostic Tests in Peripheral Vascular Diseases. P. B. Bleecker.—p. 337.
Medical Management of Peripheral Vascular Disease. A. B. Scoville Jr. and M. Kochtitzky.—p. 339.
Treatment of Phlebothrombosis and Thrombophlebitis. J. E. Kesterson. —p. 342.
Problem of Pulmonary Embolism: Evaluation of Vena Caval Ligation. D. H. Riddell and J. A. Kirtley Jr.—p. 347.
Arterial Embolism. J. N. Proffitt and P. Elrod.—p. 352.
Surgical Procedures for Peripheral Vascular Lesions. J. A. Kirtley Jr., S. Y. Garrett and R. S. Martin Jr.—p. 357.

Texas State Journal of Medicine, Fort Worth

48:553-618 (Aug.) 1952

Childhood Malignancies: I. General Considerations. F. A. Norman. —p. 557.
Id.: II. Pathologic Considerations. A. Smith.—p. 559.
Id.: III. Surgical Treatment. J. W. Duckett and L. Darwin.—p. 563.
Id.: IV. Roentgen-Ray Diagnosis and Treatment. J. E. Miller—p. 567.
Id: V. Chemotherapy of Leukemia. J. J. Quilligan.—p. 571.
Fluid and Electrolyte Imbalance: Limitations of Plasma Sodium Levels as Measurement of Dehydration. E. E. Baird and V. A. Stembridge. —p. 576.
Drastic Sodium Depletion in Treatment of Essential Hypertension. A. Ruskin.—p. 583.
Cation Exchange Resins. W. B. Whiting and M. S. Millar.—p. 585.
Effects of Digitoxin on Heparin Tolerance, Coagulation Time, and Prothrombin Activity. W. C. Levin and A. Ruskin.—p. 590.
Some Considerations of Use of Antibiotic Agents. H. M. Winans. —p. 594.
Telepaque and Priodax, Gallbladder Media: Comparative Study. O. H. Grunow.—p. 596.

48:619-670 (Sept.) 1952

Balance and Vertigo. S. M. Sellers.—p. 624.
New Air Force Eye Examination for Flying. V. A. Byrnes.—p. 630.
Bilateral Abductor Paralysis of Larynx: Surgical Treatment. B. DeBord. —p. 635.
Reduction of Premature Mortality: Methods Used in Dallas City-County Hospital to Lower Mortality. H. Moore.—p. 636.
Some Implications of the Term "Whole Child." C. C. Morris II.—p. 639.
What Can be Done for the Allergic Child? S. R. Halpern.—p. 642.
Myoclonic Seizures in Infancy and Childhood. F. M. Taylor.—p. 647.
Scope of Radiation Therapy in Pediatrics. M. Schneider.—p. 650.

FOREIGN

Acta Medica Orientalia, Jerusalem

11:121-148 (June-July) 1952

*Dark-Adaptation in Pregnancy. J. Landau, A. Brzezinsky and A. Sadowsky.—p. 121.
Typhoid Fever in Children. S. T. Winter.—p. 127.
Mydriasis Test as Diagnostic Aid in Acute Pancreatitis. O. Aladjem. —p. 135.
Marked Heparin Sensitivity of Blood in Case of Threatened Abortion. A. de Vries and B. Eckerling.—p. 139.

Dark Adaptation in Pregnancy.—Since in an earlier study impaired dark adaptation had been observed in menopausal women, and it apparently was due to endocrine changes, it was decided to study dark adaptation in pregnant women also. Fifty-five healthy pregnant women between the ages 18 and 42 were examined monthly from the fourth to the ninth month of pregnancy. Koch's adaptometer, a modified Hecht's adaptometer, was used. Only 22 of these 55 women could be followed to the end of pregnancy; however, in addition to this group, 199 pregnant women were examined, 32 of whom were in the fourth month of pregnancy, 56 in the fifth, 38 in the sixth, 27 in the seventh, and 41 in the eighth and ninth. A typical pregnancy dark adaptation curve could be established. The dark adaptation was impaired from the fourth to the seventh month, and it strikingly improved in the eighth and ninth months. The hormonal changes during pregnancy are probably related to the mechanism of scotopic vision. In menopausal women dark adaptation could be improved with large doses of estrogens, and it was assumed that this improvement was experienced through the inhibitory effect of estrogens on the hypophysis. The increased secretion of estrogens in the last months of pregnancy might be related to the surprising improvement in dark adaptation during this period.

British Journal of Radiology, London

25:451-504 (Sept.) 1952

Shortening of Lesser Curvature in Gastric Ulcer. S. J. Hinds and R. A. K. Harper.—p. 451.
Classification and Staging of Cancer of the Larynx. M. Lederman. —p. 462.
X-Ray Therapy and Carcinoma of Bronchus: An Analysis of Effect on 218 Patients of Irradiation of Primary Lesion. D. E. M. Brown. —p. 472.
Aid to Radiological Diagnosis of Oesophageal Disease. P. Marchand. —p. 476.
Cytological Investigation of Bone Marrow of Mice After Administration of Protective Agents and Subsequent X Radiation. F. Devik.—p. 481.
Experimental Radiotherapy of Abdominal Cancer. I. Factors Affecting Radiation Tolerance of Abdomen in Rat. L. Cohen and A. Cohen. —p. 485.
Generalised Method of Rapid Dosage Estimation with Particular Reference to 200 KV Therapy. B. W. Worthley and B. M. Wheatley. —p. 491.
Flattening of Wedge Isodose Curves in Direction Perpendicular to Wedge. L. A. W. Kemp and R. Oliver.—p. 502.

British Medical Journal, London

2:575-624 (Sept. 13) 1952

Use of Radioactive Phosphorus in Mapping Brain Tumours at Operation. T. P. Morley and G. Jefferson.—p. 575.
Dynamics of Heart Failure. J. McMichael.—p. 578.
Rheumatic Fever: Some Observations on A.C.T.H., Cortisone, and Salicylate Therapy. F. Bach, A. Freedman and L. Bernstock.—p. 582.
Relation of Electrolyte Changes and Adrenocortical Activity to Paralytic Ileus. D. H. P. Streeten and J. N. Ward-McQuaid.—p. 587.
*Single Massive Dose of Vitamin B_{12} in Untreated Pernicious Anaemia. W. Walker and R. B. Hunter.—p. 593.
Renal Circulation and Cardiac Output in "Low-Output" Heart Failure and in Myxoedema. C. E. Davies, J. Mackinnon and M. M. Platts. —p. 595.
Treatment of Lumbar Intervertebral Disk Protrusion: Assessment of Conservative Measures. R. S. Henderson.—p. 597.

Single Massive Dose of Vitamin B_{12} in Untreated Pernicious Anemia.—The efficacy of parenterally administered vitamin B_{12} in microgram doses has been definitely established. Walker and Hunter decided to investigate whether, in untreated pernicious anemia, a single doses of vitamin B_{12} greatly in excess of that found to give the optimal initial response would result in a prolonged remission and thereby furnish evidence of storage of vitamin B_{12} in the body. Fifteen patients with untreated pernicious anemia were given parenterally a single dose of 1 mg. of vitamin B_{12} and were followed until relapse. The clinical state, blood, and marrow remained normal in one case for as long as 358 days after such a dose. Excluding one patient with hepatic insufficiency in whom relapse occurred after 81 days, the earliest relapse after the 1 mg. dose occurred in 128 days. Studies on the bone marrow revealed minor signs of reversion to megaloblastic hemopoiesis from 40 to 50 days before there was any sign of relapse in the blood. No untoward neurological or other clinical symptoms were encountered in any patient with initially uncomplicated pernicious anemia. Intensive treatment had to be resumed at the sixth week in one patient with subacute combined degeneration because of neurological deterioration. These observations are of theoretical and practical interest, but the authors feel that without further trial there is as yet no justification for the routine employment of the 1 mg. doses of vitamin B_{12} given at long intervals.

Die Medizinische, Stuttgart

No. 35/36:1081-1146 (Sept. 1) 1952. **Partial Index**

*Present Therapy and Prognosis of Subacute Bacterial Endocarditis. K. Bingold and W. Trummert.—p. 1081.
*Prognosis of Myocardial Infarction. W. H. Hauss, H. Louse and E. Demand.—p. 1087.
Treatment and Prophylaxis of Tuberculosis in Early Childhood. H. Kleinschmidt.—p. 1090.
Destruction of "Trephones" by Digestive Ferments. I. Dostie, L. Heilmeyer and J. Pirwitz.—p. 1094.
Experiences with Terramycin Therapy. G. Stötter.—p. 1099.

Therapy and Prognosis of Subacute Bacterial Endocarditis.—Of 26 men and 4 women with subacute bacterial endocarditis treated with penicillin between 1948 and 1951, 16 died and 14 survived. Six died in the course of the septic process ("penicillin failures"), and 10 died later of cardiac decompensation. Of the 14 patients who are alive, 7 are well, 5 are fairly well compensated, and 2 are severely decompensated. The authors believe that despite the increased incidence of the disease during the postwar period, its clinical aspect and pathogenesis did not differ essentially from the classic form. The pathogenic agent could be demonstrated in 17 of the patients; Streptococcus viridans was found in 16 and Enterococcus in only 1. Vascularization of the cardiac valve ensuing from rheumatic disease predisposes its terminal capillary loop to the occurrence of bacterial embolism and thus makes the continued presence of colonies of Str. viridans possible. The clinical picture produced by this ubiquitous microorganism remains serious despite modern antibiotic therapy. Early diagnosis and consequently early treatment as well as adequate doses (100,000 units of crystalline penicillin every three hours, and later, provided response is satisfactory, 400,000 units of repository penicillin every 8 to 12 hours) for prolonged periods (up to seven months) are the decisive prognostic factors; they determine the degree of cardiac valve damage that remains after sterilization of the lesion.

Prognosis of Myocardial Infarction.—Between 1946 and 1950, 120 men and 47 women with clinical myocardial infarction, established by electrocardiography or necropsy, were admitted to the Medical University clinic of Frankfurt am Main. Of these, 53 men (44.1%) and 23 women (50%) died. In agreement with data reported in the literature, the mortality rate increased with the age of the patients, from 22.2% in those aged less than 40 to 61.7% in those over 70. Women had a higher mortality rate than men. An unfavorable prognosis is indicated by a drop in systolic blood pressure below 100 mm. Hg, a small pulse pressure, and a pulse rate of over 100 per minute. Patients with these signs died within the first six weeks after infarction. Pronounced and prolonged changes such as rise of temperature, leukocytosis, accelerated erythrocyte sedimentation rate, increased rest nitrogen level, increased blood sugar level, and eosinopenia are unfavorable prognostic signs. Prognosis also depends on the location of the infarction; posterior wall infarction may have a better prognosis than anterior wall or combined posterior and anterior wall infarctions. The behavior of eosinophils also seems to be of prognostic significance, since in 22 patients who died of infarction, eosinophils were completely absent within the first five days after infarction, while the differential blood cell count revealed 1 to 5% eosinophils in 23 of 59 patients who survived.

Journal de Médecine de Lyon

33:783-810 (Sept. 5) 1952

*Action of Nitrogen Mustard and Its Application in Treatment of Cancer of Esophagus. M. Plauchu, C. Loisy, E. Lejeune and C. Eymin.—p. 783.
Treatment of Whooping Cough. M. Girard.—p. 797.
Aphthous Fever. P. Guilhain.—p. 803.

Nitrogen Mustard in Esophageal Cancer.—Experiments have shown that nitrogen mustard, acting destructively on the nucleoproteins, has an inhibitory effect on all rapidly growing tissues. It has been used therapeutically in neoplastic affections, notably Hodgkin's disease, lymphosarcoma, leukemias, and primary and metastatic epitheliomas, but it cannot be considered curative, because the improvement sometimes secured is not permanent and relapses always occur. The beneficial effects reported led to a trial of the drug in 16 inoperable epitheliomas of the esophagus. The daily dose consisted of 0.1 mg. per kilogram of body weight added to 100 or 150 cc. of isotonic sodium chloride solution or blood and given rapidly by continuous intravenous administration. Treatment was continued for 4 to 10 days and was repeated as needed at intervals of 1 to 3 months. Overlapping of the effects of roentgen rays and nitrogen mustard is dangerous and may result in bone marrow damage; for this reason, nitrogen mustard should not be given until two months after x-ray treatment, and one month should elapse before x-ray treatment is undertaken following a course of nitrogen mustard. Local complications, such as injury to the perivascular tissues, seldom occur when the drug is given in the manner described, but transient nausea, vomiting, and anorexia with loss of weight usually accompany its use. It has a toxic effect on the hematopoietic system, causing a drop in the leukocyte level; treatment should be discontinued if the leukocytes fall below a minimum of 3,000 per cubic millimeter. Tolerance for the drug is good when this precaution is observed. The effect of the treatment on the patients in this series was variable: six had unmistakable but temporary improvement, two had little benefit, and seven were not improved. In one case there was remarkable amelioration, and the patient, who has had three treatments at intervals of three months, is still living 15 months after the first appearance of the disease. The radiological picture is not altered by administration of the drug, but the functional results are usually good, with rapid and notable relief of dysphagia. Treatment is not contraindicated by bronchoesophageal fistulas or in the case of large tumors; the best result was secured in a cancer 15 cm. in size, while some that were only 3 cm. large failed to respond to the drug. Nitrogen mustard, because it relieves the symptoms of inoperable esophageal cancer, deserves a place beside radium therapy in the treatment of this condition.

Journal of Pathology and Bacteriology, Edinburgh

64:429-678 (July) 1952. Partial Index

Action of Drugs on Intracellular Tubercle Bacilli. G. B. Mackaness.—p. 429.
Antibacterial Action of Chloramphenicol on a Coliform. J. D. Gray.—p. 447.
Pathology of Ferrous Sulphate Poisoning. J. P. Smith.—p. 467.
Malignant Melanoma of Oesophagus. M. Fowler and H. D. Sutherland.—p. 473.
Toxigenicity, Serological Reactions and Relationships of Diphtheria-Like Corynebacteria. S. D. Henriksen and R. Greiland.—p. 503.
*Benign Hodgkin's Disease (Hodgkin's Paragranuloma). C. V. Harrison.—p. 513.
Pathogenesis of Hyaline Arteriolosclerosis. J. B. Duguid and G. S. Anderson.—p. 519.
Malignant Synoviома. C. J. E. Wright.—p. 585.
Essential Difference Between Epidermial Changes in Paget's Disease of the Nipple and Those in Bowen's "Precancerous Dermatosis." K. Inglis.—p. 637.

Benign Hodgkin's Disease.—In 1939, Jackson described under the title "early Hodgkin's disease" cases resembling Hodgkin's disease but running a benign course. The few involved lymph nodes are invaded diffusely by mature lymphocytes, among which are scattered Sternberg-Reed cells. There is no fibrosis, eosinophilia, or proliferation of reticulum cells. Superficially, the condition resembles a lymphocytoma rather than a true Hodgkin's granuloma. Jackson and Parker, in 1944, changed their earlier designation to "Hodgkin's paragranuloma," stating that the normal lymph node architecture occasionally is unchanged but usually is lost. Several other investigators recognized this subdivision of Hodgkin's disease. Between 1945 and 1950 Harrison encountered three cases in which a diagnosis of Hodgkin's disease had been made on the basis of a previous biopsy and the patient had survived so long that the accuracy of the original diagnosis had been questioned. The histological picture was consistent with Hodgkin's paragranuloma. To find similar cases, Harrison reexamined at the Postgraduate Medical School of London the lymph node biopsies for the period 1935 to 1950, inclusive, and also the slides obtained at autopsies in which Hodgkin's disease, leukemia, lymphosarcoma, reticulosarcoma, or reticulosis was found. No condition resembling Hodgkin's paragranuloma was found in any of the autopsy cases, but six were found in the biopsy cases. It is concluded that Hodgkin's paragranuloma is a form of progressive lymphadenopathy that is morphologically distinct from Hodgkin's disease. Harrison feels that the reticulum pattern observed in these cases may well be added to the definition of the disease. The term "paragranuloma" implies that Hodgkin's disease is a granuloma, a view not generally accepted. Harrison suggests that "benign Hodgkin's disease" draws attention to the character of this condition without carying etiological implications.

Lancet, London

2:495-544 (Sept. 13) 1952

Progress in Treatment of Breast Cancer. D. W. Smithers.—p. 495.
Survival of Transfused Red Cells: Previously Stored for Long Periods in Frozen State. P. L. Mollison, H. A. Sloviter and H. Chaplin.—p. 501.
Observer Error in Interpretation of Chest Films: An International Investigation. A. L. Cochrane and L. H. Garland.—p. 505.
Production of Hepatitis in Mice by Combined Action of Two Filterable Agents. A. W. Gledhill, G. W. A. Dick and C. H. Andrewes.—p. 509.
*Diagnostic Value of Estimations of Protein-Bound Iodine in Serum. R. R. de Mowbray and A. Tickner.—p. 511.
*Some Effects of Long-Continued Cortisone Therapy in Rheumatoid Arthritis. H. F. West and G. R. Newns.—p. 515.
New Synthetic Curarising Agent: Clinical Trial of Compound 20 (Laudolissin). R. I. Bodman, H. J. V. Morton and W. D. Wylie.—p. 517.
Spontaneous Separation of Intussusception. F. Welsh.—p. 518.

Diagnostic Value of Serum Protein Bound Iodine Estimations.—The level of protein bound iodine in the serum was estimated in 30 normal persons and 375 hospital patients. In 317 patients the basal metabolic rate was also estimated, and in 243 the serum cholesterol level was determined. The normal range of the level of protein bound iodine in the serum was 4 to 8 μg per 100 cc. Only 61% of the patients with proved hyperthyroidism showed levels above 8 μg per 100 cc. With few exceptions, readings of more than 8 μg per 100 cc. were confined to hyperthyroidism, pregnancy, or cases in which iodine had previously been administered. The level of protein bound iodine in the serum was consistently reduced in myxedema and panhypopituitarism, but some low values were obtained in cases in which there was no clinical evidence of hypothyroidism. The basal metabolic rate was of more value in the diagnosis of thyroid disorders and in assessing the response to treatment. The serum cholesterol level was of little value in the diagnosis of hyperthyroidism; it was helpful, but less reliable than the level of protein bound iodine, in the diagnosis of hypothyroidism. It is technically difficult to estimate the level of protein bound iodine in the serum, and the results are apt to be vitiated by previous administration of iodine compounds in any form. Apparently the value may fluctuate between normal and abnormal levels. The level of protein bound iodine in the serum is only an index of the amount of circulating thyroxin. The response to a given level of hormone apparently varies in different people. The chief value of estimating the amount of protein bound iodine in the serum is in the diagnosis of thyroid disorders in which determination of the basal metabolic rate is impracticable, as in infants and young children, or in which the basal metabolic rate is subject to error. In itself, the level of protein bound iodine in the serum is not a reliable index of thyroid function, but, if used in conjunction with other tests and with sound clinical judgment, it may be of considerable value.

Long-Continued Cortisone Therapy in Rheumatoid Arthritis.—Cortisone acetate was administered for as long as 21 months to six patients with rheumatoid arthritis. Three young women, aged 16, 22, and 36, were given 50 to 75 mg. of the drug daily;

150
952

they responded satisfactorily, and their menstrual function and feminine attributes became and remained normal, suggesting that in women in the child-bearing years cortisone acetate, in the doses used, does not disturb normal functions. A 49-year-old woman who was three years past the menopause showed considerable improvement of her arthritis in the early weeks of treatment with an average dose of 50 mg. of cortisone acetate daily, but after several months larger doses of the drug became necessary. By the ninth month of treatment, 150 mg. daily was barely sufficient to prevent the return of pain and swelling of the joints. This high dose of the drug caused the development of abnormal deposits of fat and hypertension. Reduction of the dosage during the next seven months to an average of 75 mg. daily led to the loss of much abnormal fat and the return of blood pressure to normal. In women after the menopause, 75 mg. of cortisone acetate daily should be the maximum dose for maintenance treatment. A 29-year-old man showed rapid enlargement of the liver after three months of treatment. A liver biopsy made six months before cortisone acetate therapy did not reveal any sign of amyloid disease, but at the time of death the liver weighed 6,470 gm., being about 95% amyloid substance. In addition to cortisone acetate, the patient was given calcium caseinate daily for nine months and 150 mg. of ascorbic acid daily throughout the cortisone acetate therapy. The terminal event for this patient did not resemble an Addisonian crisis, and there was no evidence of septicemia, suggesting that his death may have been related to cortisone acetate therapy. The administration of cortisone acetate and a high protein diet in the presence of amyloid disease should be avoided until more is known of their relation to this condition. Symptoms of duodenal ulcer developed for the first time in a 48-year-old man after six months of treatment with 50 mg. of cortisone acetate daily. After an additional six months of treatment with cortisone acetate, the ulcer bled profusely but responded normally to treatment. Cortisone therapy was discontinued 25 days after the hemorrhage. On the 30th day, without premonitory symptoms of adrenal insufficiency, the patient died suddenly. Necropsy revealed a large but healed duodenal ulcer. Microscopically, the adrenal glands were normal.

Medical Journal of Australia, Sydney

2:261-292 (Aug. 23) 1952

The Secret of Living. S. W. Pennycuick.—p. 261.
Sudeck's Atrophy and Cortisone. A. F. Dwyer.—p. 265.
Some Aspects of Cholecystectomy. J. K. Mowat.—p. 268.
Mortality in Australia from Measles, Scarlatina and Diphtheria. H. O. Lancaster.—p. 272.

Nervenarzt, Heidelberg

23:281-320 (Aug. 20) 1952. **Partial Index**

Tridione in Treatment of Epilepsy. R. Dreyer.—p. 281.
Psychosis Caused by Antihistamine Drugs and Question of Allergic Origin of Functional Disturbances of Central Nervous System Following Drugs. G. Huber.—p. 283.
*Thallium Poisoning with Special Consideration of Dimercaprol (BAL) Therapy. W. Schild and A. Schrader.—p. 288.
*Diencephaloretinal Degeneration (Laurence-Moon-Bardet-Biedl Syndrome). F. Best and H. Münch.—p. 292.
Chorea Minor Following Prophylactic Vaccinations. A. Hertel.—p. 308.

Dimercaprol (BAL) in Thallium Poisoning.—Since ruins provide an ideal breeding ground for mice and rats, eradication of these pests is an urgent problem in Germany today. The supply of the squill preparations, which are desirable because they are highly toxic for these rodents but are less so for humans, is short, so the metallic poisons, especially thallium compounds, are used extensively. These are highly toxic for human subjects as well as for mice and rats and not only cause accidental poisonings but are used with suicidal and homicidal intention. On the basis of two case histories, Schild and Schrader discuss the various aspects of thallium poisoning, giving special attention to thallium polyneuritis. They emphasize the favorable therapeutic effect they achieved with the early administration of dimercaprol. Both patients had taken a thallium preparation with suicidal intention. The first patient had taken 2 gm. of thallium sulfate, a fatal dose. In this case the fatal outcome was prevented by treatment with dimercaprol and with methionine. The second patient had taken 0.75 gm. of thallium sulfate. In this patient the late sequelae of thallium poisoning were prevented by treatment with dimercaprol.

Diencephaloretinal Degeneration (Laurence-Moon-Biedl-Syndrome).—Best and Münch describe two brothers who had the four cardinal symptoms of the Laurence-Moon-Biedl syndrome, namely, imbecility, adiposogenital dystrophy, retinal pigment degeneration, and polydactylism and, in addition, dwarfism. The authors feel that this disease comprises several clinical entities, and they prefer the term diencephaloretinal degeneration to the unwieldly term Laurence-Moon-Biedl syndrome, especially since Biedl made an attempt to trace the entire complex of defects to a developmental disturbance in the diencephalon. The diencephalohypophysial involvement is proved by the adiposogenital dystrophy. The retinal pigment degeneration likewise indicates a relationship to the diencephalohypophysial system, in view of the hypothalamic root of the optic nerve and the influence of the melanophore hormone on the pigment cells. Discussing the hereditary transmission of the complex, the authors assume that the individual symptoms of the syndrome are caused by the same gene and that each symptom may represent the entire complex. This becomes evident to a certain extent in the hereditary history of the brothers described here.

Policlinico (Pract. Sect.), Rome

59:925-956 (July 14) 1952. **Partial Index**

*Clinical, Roentgenographic, Hematological, Bone Marrow and Biological Observations on Isonicotinic Acid Hydrazide Treatment of Tuberculosis. P. Maroncelli and G. C. Salvadori.—p. 925.
Alpha Tocopherol Therapy in Patients with Sequelae of Rheumatic Hemorrhagic Exanthema. F. Della Tommasa.—p. 933.
Pruriginous Papulo-Erythematous Dermatosis. G. Vallone.—p. 937.

Isonicotinic Acid Hydrazide in Tuberculosis.—Isonicotinic acid hydrazide was used in the treatment of 60 women with far advanced chronic cavitary or acute exudative tuberculosis. The drug was given for two 50 day periods separated by an interval of eight days. The initial daily dose varied from 50 mg. to 200 mg. Twelve patients also received 500 mg. of vitamin C intravenously daily, but this adjuvant did not have any effect. Five patients were given the drug combined with streptomycin. Elevation of temperature occurred in patients with disease of recent onset. Weight gains as great as 11 kg. were seen in about 89% of the patients and appetite increased in about 67%. Cough disappeared in 43%, decreased in 38%, and remained unchanged in 19%. Sputum disappeared in 45%, became negative in 13%, and less positive in 54%, and remained unchanged in 33%. After 50 to 80 days of treatment, however, the sputum was again positive, suggesting a chemotherapeutic action of the drug on free bacteria rather than on those protected in foci. The erythroctye sedimentation rate dropped in 71% of the patients. These effects were seen mainly in patients with fibroid cavitary forms of long duration in whom streptomycin and para-aminosalicylic acid had failed previously. The cavities closed in four patients; in the others, despite a pronounced clinical improvement, the roentgenograms showed little or no change. A direct influence of the drug on the pericavitary bronchial system is suggested. Studies on 16 of these patients revealed that the arterial pressure remained unchanged; erythrocytes decreased slightly in 6 patients and were unchanged in 10; leukocytes decreased slightly in 8 patients, eosinophils increased in 11, and lymphocytes had a tendency to increase in 8. Examination of the bone marrow before and 50 to 80 days after treatment revealed that, except for the eosinophils, the blood elements behaved differently from those in the peripheral blood. In 20 patients before treatment, positive agglutination titers ranged from 1:16 to 1:128. In three patients with 1:16 titers, one with a 1:32 titer, and one with a 1:128 titer these values did not change during therapy. In the other 15 patients the agglutination titers at first dropped and later rose, surpassing the initial values. It is assumed that the bacteriolytic action of the drug liberates into the blood stream a massive quantity of antigens, which results in an increased antibody reaction.

Presse Médicale, Paris

60:1211-1230 (Sept. 20) 1952

*Study of Kidney in Old Age. L. Binet, C. Laroche and G. Mathé. —p. 1211.
Ulcers of Palate of Bouveret-Duguet's Type in Acute Brucellosis. M. Janbon, L. Bertrand and A. Pagès.—p. 1213.
Electrophoresis in Atherosclerosis. R. Raynaud, J. R. D'Eshougues, P. Pasquet and S. Cruck.—p. 1215.
Treatment of Rheumatoid Arthritis and Gout with Phenylbutazone (Butazolidin®). A. Plichet.—p. 1217.

Study of Kidney in Old Age.—From the literature and their own experience with 67 persons of advanced age, the authors collected data on the main characteristics of the kidney in aged persons. Microscopic examination revealed the predominance of interstitial changes suggestive of involvement of the tubules but also pronounced changes in the glomeruli and arteries. Excretion of water and electrolytes was observed to be normal. Mild albuminuria was relatively common and so was the presence of a few erythrocytes and tube casts in the urine. A latent urinary infection was observed occasionally. Diminution in nitrogen excretion was definite and progressed with age. Excretion of phenolsulfonphthalein was considerably diminished. There was an increasing drop in glomerular clearance of mannitol with advancing age, suggesting a reduced filtration rate; there was a parallel between the curve of reduced glomerular filtration due to advanced age and the curve of reduced urea clearance. Para-aminohippuric acid clearance revealed an even severer reduction of tubular clearance at low concentrations with advancing age; these observations suggest a diminished effective renal plasma flow. There was a mild rise in the filtration fraction (ratio of mannitol clearance to para-aminohippuric acid clearance), which on the average was 0.27 (normal, 0.20). Davies and Schock showed that the iodopyracet (diodrast®) maximal tubular excretory capacity may be reduced to a lesser degree than the iodopyracet clearance. It appears, then, that there is a relatively small reduction in the number of functional tubules, as suggested by the anatomic findings. After administration of antidiuretic hormone there was less than normal concentration of urine in aged persons. The reduced function of the tubules was thus confirmed, as well as their inability to respond to hormonal stimulation.

Revista Clínica Española, Madrid

45:295-364 (June 15) 1952. **Partial Index**

Regional or Segmentary Gastritis and Gastric Cancer. C. Marina Fiol. —p. 295.
Ependymoblastomas of Cervical Medulla. S. Obrador Alcalde, M. Morales Pieguezuelo and J. J. Vazquez Añon.—p. 304.
Characteristics of Electrocardiogram in Hypertensive and Arteriosclerotic Heart Disease. J. Varela de Seijas Aguilar.—p. 310.
*Intracranial Hemorrhage During Pregnancy. C. Colmeiro-Laforet.—p. 331.

Intracranial Hemorrhage During Pregnancy.—Women with a predisposition to vascular accidents may have a cerebral hemorrhage during pregnancy, especially if the vessels are subjected to additional strain. The possibility that such a strain might be caused by coitus is not suggested in previous reports, but an immediate causal connection between the two is found in the case of a 34-year-old woman who had an attack of apoplexy when seven months pregnant. She had a history of frequent headache, and her illness began with a sudden violent pain in the head localized in the suboccipital and retro-orbital regions; coma developed, and within a few hours she presented the typical picture of apoplexy caused by cerebral hemorrhage. Lumbar puncture yielded hemorrhagic fluid with an initial pressure of 230 mm. of water, which was reduced to 160 mm. following the fluid removal. Her condition did not improve, and the next day another lumbar puncture was performed, followed by spinal anesthesia with procaine hydrochloride, under which a premature live male infant was delivered by extraction. The infant died 15 hours later. The patient gradually improved and was in comparatively good condition, with partial recovery from the paralysis, two years later. Her husband stated that the apoplectic seizure had begun during coitus and that she had had a similar accident a year earlier, which, because she was not then pregnant, had been of short duration and had passed leaving no traces. The physical and emotional strain accompanying coitus make it advisable to recommend caution in this respect during pregnancy and suggest that persons with such disabilities as hypertension and arteriosclerosis may have serious accidents as a result of sexual intercourse that could be avoided if the risks connected with it were better known.

Riforma Medica, Naples

66:841-864 (Aug. 2) 1952. **Partial Index**

"Azotemic Anemia" in Isosthenuria Phase of Chronic Glomerulonephritis. F. Gobbato and G. Dal Santo.—p. 841.
Recurrent Pulmonary Abscess Treated with Intravenous Administration of Penicillin and Procaine. R. Raddi.—p. 845.
*Therapy of Asthma with Vitamin B_{12}. M. Caruselli.—p. 849.
Isonicotinic Acid Hydrazide in Silicotuberculosis. A. Scarpa and A. Melis —p. 852.

Vitamin B_{12} in Asthma.—Good results were obtained with vitamin B_{12} in 10 of 12 patients with asthma to whom the vitamin was given daily in doses of 30 mg. for 15 to 20 days. In six of the patients, the disease was due to bacterial allergy. Symptoms improved, the asthmatic attacks ceased, and there was a pronounced improvement in general condition, with weight gains. This therapy also cured severe constipation in one patient and dyspepsia due to hyperacidity in another. An antiallergic action of the vitamin is suggested. A recurrence in two patients after three and eight months, respectively, subsided when the vitamin was given again. Two patients in whom asthma was associated with circulatory decompensation and whose condition was aggravated by strophanthin and digitalis improved with vitamin B_{12}. This result may be due to an improvement in hemodynamics and oxygenation of the blood or, more likely, to a direct action of the vitamin on the nutrition and function of the myocardium. The two patients in whom this therapy failed were old persons in whom asthma was associated with severe pulmonary emphysema and hypertensive arteriosclerosis. In these patients the disease may no longer have been due to active allergic factors but to irreversible anatomic and functional changes.

Tidsskrift for Den Norske Laegeforening, Oslo

72:513-548 (Aug. 15) 1952

*1951 Poliomyelitis Epidemic in Oslo. P. M. Holst.—p. 513.
*Tracheotomy in Poliomyelitis. L. Baekkevold and H. Lindeman.—p. 518.
Testing Hearing of Young Children. H. Lindeman.—p. 521.
Review of Urogenital Tuberculosis and Recent Principles of Treatment. W. Mathisen.—p. 523.

1951 Poliomyelitis Epidemic in Oslo.—In 1951, 283 cases of paralytic poliomyelitis were treated in Ullevål Hospital. The 156 cases of serous meningitis without paralysis admitted at the same time are believed to have represented mild poliomyelitis. Holst says that isolation in poliomyelitis is futile. The disease is spread through personal contact from numerous but hidden sources of infection. To iradicate poliomyelitis, artificial immunization, for which methods are still lacking, or natural immunization is necessary. For unknown reasons, the incidence of the disease varied greatly in different parts of Oslo. The age apportionment in 1951 compared with that in the 1936 to 1950 period showed a certain shifting downward in the age groups. The mortality was about the same as in the earlier years. Thirty-seven patients were treated in respirators, with a mortality of 85%; most of the survivors are incapacitated. Comparison of the results of necropsy in 39 cases of respirator deaths before 1946 and 48 cases since that period show that pneumonia, atelectasis, and bronchopneumonia occur oftener in the first period and that pulmonary edema prevailed in the second period. To improve the prognosis for respirator patients, the cause of the development of pulmonary edema must be investigated.

Tracheotomy in Poliomyelitis.—Tracheotomy was done, in most cases during the fall of 1951, in 12 patients with poliomyelitis, all but one of whom had bulbar paralysis. Two were between the ages of 2 and 3, and the others were between 15 and 39. There was cervicothoracal paralysis in 11 cases. The fatal outcome in five of the cases is not believed to be due to the intervention,

and the survival of the seven patients is ascribed to the operation. Baekkevold and Lindeman warn that the disease often develops further after tracheotomy and that these patients require the expert attention not only of the epidemiologist but of the laryngologist, internist, and pathophysiologist. Tracheotomy itself does not offer notable difficulties if the patient is in a suitable respirator. The Kifa respirator (Freiburger-Rudbech) is considered the best. It also allows unimpeded after-treatment. Strict indications for tracheotomy can hardly be set; every case must be evaluated with reference to the dangers that threaten.

Wiener klinische Wochenschrift, Vienna

64:545-560 (Aug. 1) 1952

*Penicillin Treatment for Cardiovascular Syphilis. H. Ellegast, G. Gumpesberger and F. Wewalka.—p. 549.
Pregnancy, Delivery and Puerperium in Women with Abnormal Formation of Amniotic Fluid. A. Fink.—p. 552.
Escape of Air from Permeable Lung in Spontaneous Pneumothorax. H. O. Suess.—p. 554.

Penicillin in Cardiovascular Syphilis.—One of 11 patients with cardiovascular syphilis treated with penicillin (total dose 6,000,000 units) died in the course of the treatment, and 3 had symptoms of circulatory decompensation during treatment or immediately thereafter and died within eight weeks. Necropsy revealed aortic insufficiency in three of the four fatal cases. The Herxheimer reaction did not seem to be a cause of death, nor was occlusion of coronary vessels revealed at necropsy. In two of the fatal cases, a myocardial lesion was considered as the only cause of death, and it may have contributed considerably to death in the two other cases. Despite the satisfactory results with penicillin in patients with cardiovascular syphilis reported on by American workers, the authors believe that treatment of cardiovascular syphilis with penicillin as well as with arsphenamine is not without risk, partly because of the acute changes in tertiary syphilitic granulations in the cardiovascular system, with resulting thromboses and circulatory disturbances, and partly because of the possibility of a flare up of syphilitic manifestations. Treatment with penicillin should, therefore, be limited to certain cases, and precautionary measures are required. Preparatory treatment with smaller doses of iodine and a sterile, oily 5% or 10% emulsion of bismuth subsalicylate should precede treatment with penicillin. Patients with decompensation or coronary symptoms should be excluded from treatment with penicillin.

Ztschr. f. ges. innere Medizin, Leipzig

7:721-768 (Aug. 15) 1952. Partial Index

Carcinoma of the Lung. H. Eck.—p. 721.
Influence of Tetraethylammonium Bromide on Heart and Circulation. H. Kleinsorge and H. H. Wittig.—p. 727.
*Concomitant Occurrence of Lymphatic Leukemia in Identical Twins; Contribution to Familial Leukosis. H. Stobbe and H. Taeschner.—p. 736.
Determination of Basal Metabolism in Ambulant Patients. Luft.—p. 739.
Medicinal Treatment of Specific Empyema. W. Stahlmann.—p. 742.

Lymphatic Leukemia in Identical Twins.—The occurrence of lymphatic leukemia has been reported in a 71-year-old man with tuberculosis of the lungs, colon, and peritoneum and exudative-serous tuberculous pleurisy. Death occurred within three months, and necropsy was performed. Although a benign lymphatic reaction had to be considered, because the phase of recovery from tuberculosis is frequently associated with lymphocytosis, the microscopic sections of spleen and lymph nodes showed the characteristic aspect of lymphatic leukemia with diffuse cell proliferation and hardly limitable germinal centers. Macroscopically, the firmness and the hyperplasia of the iliac, lumbar, paravertebral, peripancreatic, perigastric, periaortic, and tracheobronchial lymph nodes were impressive. On the day preceding death, the blood determinations were as follows: 56,000 leukocytes per cubic millimeter, hemoglobin 70%, and 3,200,000 erythrocytes per cubic millimeter; the differential white blood cell count revealed 5% band cells, 6% segmental cells, and 89% lymphocytes. The history revealed that the twin brother of the patient had died at the age of 60 of lymphatic leukemia for which he had been treated ambulatorily for four years. His record sheet showed that 188,000 leukocytes had been counted, a considerably enlarged spleen was found, and the differential white blood cell count revealed 11% segmented cells, 1% eosinophils, and 88% lymphocytes. Necropsy had not been performed. Because of highly similar habitus and attitude, the twin brothers had been considered identical twins during their entire lives. The author's report is the second one of lymphatic leukemia in identical twins of advanced age listed in the literature. Ardashnikow's statistical accounts seemed to demonstrate that the familial incidence of leukemia is greater than would be expected to occur by chance, and animal experiments suggest that endogenous as well as exogenous factors may play a part in the etiology of leukemia. The authors' rare observation seems to provide additional proof for the presence of endogenous factors in leukemia in man.

Zeitschrift für Orthopedie, Stuttgart

82:337-504 (No. 3) 1952. Partial Index

Therapy of Coxa Vara Adolescentium. K. Daubenspeck.—p. 339.
Humeroscapular Periarthritis—Sequel of Contraction of Musculature of Neck and Shoulder Girdle. K. Höchst.—p. 355.
*Studies on the Feet of Dancers. A. Rütt.—p. 370.
Mode of Invasion and Localization of Tubercle Bacillus in Tuberculosis of Spinal Column. H. Asshoff.—p. 375.
Extra-articular and Intra-articular Bone Splint Arthrodesis in Tuberculous Coxitis.—p. 385.
Frequency and Duration of Fistulization in Tuberculosis of Bones and Joints. K. Köhne.—p. 399.
Isolated Fracture of Posterior Process of Astragalus. J. Borsay and G. Kardos.—p. 430.
*Experiences in Nailing Neck of Femur According to Pitzen's Technique in Perthes' Disease. Hauberg and Matthiash.—p. 436.

Studies on the Feet of Dancers.—Concern about the effect of exertion of the feet on their development and on the preservation of their normal form induced Rütt to make clinical and roentgenologic studies on the feet of 35 male and female dancers, ranging in age from 15 to 35 years. The majority of the female dancers had started their training in childhood, whereas the male dancers had begun only between the ages of 17 and 19 years. Attending training classes the author was able to study positions and movements of the feet in classic (toe) dancers and in modern dancers. The shoe of the toe dancers has strong leather reinforcement which is padded. This shoe gives great support to the anterior portion of the foot and makes possible dancing on the toe. Those who do modern dances, however, either wear soft shoes or no shoes at all. It was found that the feet of the classic ballet dancers, who wear the reinforced shoes, were well shaped, whereas those who performed the modern dances nearly all had splayed or flat feet, with bunions and even hallux valgus. This is ascribed to the lack of proper support of the foot.

Nailing of Neck of Femur in Perthes' Disease.—From 1925 to 1948 86 patients with Perthes' disease (osteochondrosis of upper epiphysis of femur) were treated at the orthopedic clinic at the University of Kiel. Reviewing these cases, Hauberg and Matthiash call attention to some of the shortcomings of the customary treatment, which consists chiefly of protection from weight-bearing. They show that this treatment is not well founded, that it is not always practical, that it requires too much time, and that the results are not always satisfactory. They discuss surgical methods and report their experience with Pitzen's method of nailing the femur in 12 patients with 13 diseased hip joints. Extension was usually carried out for about three weeks before the nailing was done. At first the authors used the three-flanged nail used by Pitzen, but later they used the ordinary Voss nail and gained the impression that this nail is less destructive. Nailing greatly accelerated the repair process, and seemed to be most effective during the early stage. In these cases restoration begins before great structural changes have occurred. The authors admit that results in the few patients they have treated with this method and the short period of observation do not permit a final evaluation, but they gained the impression that this method is superior to all former methods of treatment of Perthes' disease.

V 1
195

BOOK REVIEWS

Corporation Giving. By F. Emerson Andrews. Cloth. $4.50. Pp. 361, with 13 illustrations. Russell Sage Foundation, 505 Park Ave., New York 22, 1952.

This volume reports on the Russell Sage Foundation Survey on corporation philanthropy conducted in 1950. This book is one of the first, if not the first, to deal exclusively with the topic of corporation giving, a subject that has gained prominence during the past decade owing to the increasing volume of contributions, new developments in state and national legislation, and government activities in the field of social welfare.

The book is divided into three sections. Parts 1 and 3 contain data on the history and methods of business enterprise in the field of philanthropy. Part 2 reports on the beneficiaries of financial support from corporations. Methods and costs of solicitation, the growth of federated funds like the Community Chest, and the activities of voluntary welfare agencies are discussed in this section, together with an appraisal of corporate aid to education, research, and religious agencies. Part 2 also includes a useful section on the agencies available for checking the validity of solicitations.

Factual content for the study was obtained from three sources: information in published form, U. S. Bureau of Internal Revenue data, and a special survey conducted by the author. Income tax returns for corporations yielded data for 1936 through 1948, and a survey using mailed questionnaires and interviews provided information on philanthropy in 1950. The questionnaires solicited data from 1,200 firms, of which 326, or 27%, furnished complete replies. Size and poor representativeness of the original sample limit the usefulness of the 1950 data, which were collected to supplement the figures of the U. S. Bureau of Internal Revenue for 1948 and earlier years. The data seem adequate, however, as the purpose of the study is to indicate current trends in a field that has developed rapidly within a short period of time.

For the purpose of analysis, company assets were used as the basis for classifying corporations into groups by size. Most of the tables and text contain data using this classification. A "rate of giving" was defined as the proportion of company contributions to their net profit. Findings on the relative generosity among contributors by size of firm and type of industry are summarized, as well as the geographical distribution of contributors and the types of activities that they support.

Relative to income, small corporations were found to contribute more generously than large ones in each year for which figures were available. The year 1948 presents a reasonably typical picture. The half-million corporations filing tax returns in 1948 with assets of less than 1 million dollars earned 16% of the net profits of all corporations but gave 29% of the contributions from all corporations; they gave at the rate of 1.27 cents on the dollar of net profit. At the opposite end of the scale were the large firms with assets of 100 million dollars or over. The latter firms earned 39% of the net profits but gave only 18% of the total contributions and at the rate of only 0.33 cents on the dollar of net profit.

Contributions also differ among the various types of industry. Firms engaged in manufacturing have nearly always been the heaviest donors. The manufacturing industry is not the largest group in terms of numbers, but this group gives about half of the amount received from all corporations. Thus, of the 239 million dollars contributed in 1948 by all corporations in the major industrial groups, 120 million dollars were gifts from manufacturing concerns, which earned about one-half of the total net profits of all corporations. On the other hand, nearly one-third of the firms reporting are in the trade classification. Firms in this group gave 27% of the total contributions, or 66 million dollars for that year at a rate of 1.15 cents on a dollar of net profit. During 1948, financial institutions contributed about 20 million dollars, or 10%, representing 0.60 cents per dollar of net profits.

Since 1936, when figures first became available, gifts from corporations have increased considerably. Net profits before taxes ("compiled net profits") rose from 8 billion dollars in 1936 to 28 billion dollars in 1948, but this rise did not keep pace with contributions. Thus, the proportion of gifts to company income has risen almost steadily from 1936 to the present time. In 1945, contributions reached 266 million dollars, or about nine times the 1936 figure of 30 million dollars. Contributions in 1948 were about eight times the amount for 1936. While corporation giving is not a large part of the 4 billion dollars representing total philanthropic giving, the increase has been substantial. Indications are that this type of aid will increase in volume.

The future of corporate giving, however, is difficult to forecast. It seems certain that business enterprise will be subject to more guidance in making contributions than has been true in the past. The distribution of gifts among educational, charitable, and other organizations presents a major problem. The budgeting of contributions and planned distribution of the funds has been overlooked in many firms. With an increase in corporate giving, the firms will be forced to develop more specific policies. The increase in several types of legislation suggests such a trend. Since 1936, the federal government has encouraged contributions to charitable causes by exempting such amounts from income tax. This has often meant considerable savings in taxes to corporations. At the same time it has been estimated that the effect on federal revenue has not been great. Three-fourths of the states now levy an income tax on corporations, and in 1951 over half, or 26 states, had laws permitting gifts. Sections devoted to federal and state laws on corporate income and gifts may be found in the appendixes. Business ventures into philanthropy have received considerable stimulus as a result of these developments. Company executives and administrators in social welfare will find this book useful as an exploratory study in a comparatively new and interesting field.

Ultraviolet Radiation. By Lewis R. Koller, Ph.D., Research Associate, General Electric Research Laboratory, Schenectady, New York. Cloth. $6.50. Pp. 270, with illustrations. John Wiley & Sons, Inc., 440 Fourth Ave., New York 16; Chapman & Hall, Ltd., 37-39 Essex St., Strand, London, W.C.2, 1952.

This book contains a useful compilation of material regarding physical and engineering aspects of ultraviolet radiation. Various sources of ultraviolet radiation are described, and the physical basis for their different characteristics is discussed in a readable fashion. There is an extensive discussion of the ultraviolet light of sunlight and the reasons for its diurnal, seasonal, and geographic variation. Transmission and reflection are treated at some length, and there is a discussion of devices for measuring ultraviolet radiation. All this is useful material, well presented from the point of view of the engineer.

The weakness of the book lies in its treatment of biological and medical problems, where it is not always up-to-date or complete, and, in places, is inaccurate. One serious difficulty lies in oversimplifications made to facilitate approximate quantitative estimates for engineering purposes, some of which may lead to wrong conclusions. An example is the attempt to calculate the erythemal efficiency of different types of source, on the basis of a standard erythemal spectrum, which, in failing to recognize the complexity of the erythemal response, may introduce serious error. This applies particularly to the evaluation of protective coatings against sunburn, a matter briefly discussed without taking into account basic difficulties.

Another instance of oversimplification regards bacterial survival curves. The equation given for the killing of bacteria corresponds to a monomolecular or "single" hit curve—a type that is the exception rather than the rule. Indeed the curve used for illustration does not conform strictly to the equation given. The interpretation of such killing curves is a subject of debate at present, and this simplified treatment gives a false picture both theoretically and practically.

The reviews here published have been prepared by competent authorities and do not represent the opinions of any official bodies unless specifically stated.

It is notable that the values cited for the transmission of ultraviolet radiation by human skin are markedly higher than those obtained more recently by several groups of workers. The author is cautious in his discussion of the therapeutic value of ultraviolet radiation, but no really critical evaluation of this controversial question is attempted. There is no mention of the carcinogenic action of ultraviolet radiation. The discovery of photorecovery or photoreactivation three years ago, since amply confirmed, has called for the modification of many of our ideas regarding the action of ultraviolet radiation. It is an example of the inadequacy of this book from a biological point of view that only the briefest mention is made of this phenomenon.

Conference on Problems of Aging: Transactions of the Thirteenth Conference, February 5-6, 1951, New York, N. Y. Edited by Nathan W. Shock, Chief, Section on Gerontology, National Heart Institute, National Institutes of Health and the Baltimore City Hospitals, Baltimore, Md. Cloth. $4. Pp. 194, with 24 illustrations. Josiah Macy, Jr., Foundation, 565 Park Ave., New York 21, 1951.

This volume reports the second of a series of related sessions. The subjects discussed are a continuation of those of the 12th session of the Josiah Macy, Jr., Foundation and include those dealing with the cell, the integumentary system, and the endocrine and cardiovascular aspects of aging. The presentations at this conference were informal as in previous sessions and are reported verbatim. This conference is characterized by the same high level of organization as the others, and it further developed the multiprofessional approach to a single subject, which is referred to as an experiment in communication. The subject of biology of the cell was presented by W. Jacobson of England; the integumentary system by E. V. Cowdry; the endocrine aspects are covered by E. T. Engle; and J. M. Steele presents the cardiovascular aspects of aging. In addition to these subjects, Clark Tibbitts presents a résumé of the activities of federal agencies in the field of aging, with particular emphasis on the organization of the Committee on Aging and Geriatrics of the Federal Security Agency.

Pictorial Handbook of Fracture Treatment. By Edward L. Compere, M.D., F.A.C.S., Associate Professor of Surgery, Northwestern University Medical School, Chicago, and Sam W. Banks, M.D., F.A.C.S., Associate Professor of Surgery, Northwestern University Medical School. Revised with assistance of Clinton L. Compere, M.D., F.A.C.S., Assistant Professor of Surgery, Northwestern University Medical School. Third edition. Cloth. $6.50. Pp. 424, with 223 illustrations by Harold Laufman, M.D., F.A.C.S. Year Book Publishers, Inc., 200 E. Illinois St., Chicago 11, 1952.

It is not easy to present in a condensed form that is readily understandable the essentials of so large a subject as the treatment of fractures; yet this has very largely been achieved by the authors of this handbook. Within this small volume, valuable and generally very sound advice on the treatment of most of the common fractures will be found, and discussions are unencumbered by long recitals of methods that have merely an historical interest. The text is clear and adequately though not lavishly illustrated. A special feature is the large number of excellent line drawings. For its kind, and considering the limitations imposed by space, this small volume is recommended particularly to students who may wish to review the subject rapidly for examination purposes. Its value to practitioners unversed in the management of fractures is, however, doubtful.

What's Inside of Me? By Herbert S. Zim. Cloth. $1.75. Pp. 32, with illustrations by Herschel Wartik. William Morrow and Company, Inc., Publishers, 425 Fourth Ave., New York 16, 1952.

This little illustrated booklet is planned for reading by children, or parents and children together, to help children understand their bodies. There are pages of large type that may be read by children alone. Alternating pages of small type containing more detailed information are designed for parents and children to read together. There are a number of simplified anatomic illustrations, which, on the whole, are good but contain a few errors; for example, the captions are reversed on the two illustrations that face page 12 dealing with reflex and feeling pain. In the illustration facing page 28, the clavicle is labeled "shoulder blade." Except for these errors, however, the content is accurately written and easily understandable. It can be recommended to parents of young children.

Principles of Human Physiology. Originally written by E. H. Starling, M.D., F.R.C.P., C.M.G. With Chapters on The Special Senses by H. Hartridge, M.A., M.D., Sc.D. Eleventh edition by Sir Charles Lovatt Evans, D.Sc., F.R.C.P., F.R.S. Cloth. $11. Pp. 1210, with 709 illustrations. Lea & Febiger, 600 S. Washington Sq., Philadelphia 6; [J. & A. Churchill, Ltd., 104 Gloucester Pl., Portman Sq., London, W.1], 1952.

Revisions of this book have appeared regularly every three to five years since it was first published in 1912. This record demonstrates the high standard set by the authors in keeping their text modern in outlook and up-to-date in material. Soon after its first publication, it became one of the most widely accepted texts in basic physiology. The present edition follows closely the successful format of previous editions but includes much new material. It should continue to be of great value to the student of fundamental physiology as well as to the medical practitioner, to the former as a text to be thoroughly read and digested, and to the latter as a reference book in which to find the basic roots of a physiological topic as well as current information. The text is very readable throughout. The diffuse use of illustrative material, so often abandoned in modern medical books, has been continued and makes this a most understandable text. Historical summaries as well as references to established reviews and outstanding papers in each field give the reader ready access to further detailed information in any of the broad areas of physiology. The book continues to cover the entire field of physiology with introductory discussions of biochemical and biophysical principles as applied to physiology. The text is particularly strong in its treatment of fundamental principles of physiology and in its presentations of the circulatory, respiratory, and nervous system and the kidney. The discussion of the endocrine system may not be so detailed as that required by some students, but here as elsewhere fundamental principles are emphasized and sources for further information clearly indicated.

Die zerebrale Angiographie. Von H. Krayenbühl, Professor für Neurochirurgie, Direktor der neurochirurg. Universitätsklinik Zürich, und Hs. R. Richter, Assistent der neurochirurg. Universitätsklinik Zürich. Cloth. 59.70 marks. Pp. 217, with 100 illustrations. Georg Thieme, Diemershaldenstrasse 47, (14a) Stuttgart O; agents for U. S. A., Grune & Stratton, Inc., 381 Fourth Ave., New York 16, 1952.

This volume is an atlas of cerebral angiography. The first portion of it is devoted to historical background and to the technique employed by the authors. There is a pertinent discussion of contrast materials and apparatus, as well as some of the hazards implicit in the use of these. A detailed discussion of the vascular anatomy and physiology of the brain and its accompanying structures completes the introductory portion of this book. The format of the remainder of the book is one often employed in a medical atlas, with subject matter classified in several categories, such as space-occupying lesions, internal hydrocephalus, and vascular lesions. Illustrative cases, including angiograms and explanatory diagrams, together with a certain amount of clinical information, are not included in the body of the text but instead comprise a separate appendix. The individual cases of the appendix are footnoted into the text at appropriate places.

The principal feature of this work lies in the illustrative reproductions. Unfortunately, these reproductions are positives, but they are good in quality, clearly labeled, and represent a splendid cross section of the lesions that may be diagnosed by cerebral angiography. Reading knowledge of medical German is essential to the use of this book, but it is highly recommended for the library of any department of radiology.

Blakiston's Illustrated Pocket Medical Dictionary. Editors: Normand L. Hoerr, M.D., Arthur Osol, Ph.D. With coöperation of editorial board. Cloth. $3.25; thumb-indexed, $3.75. Pp. 1005, with 60 illustrations. Blakiston Company (Division of Doubleday & Company, Inc.), 1012 Walnut St., Philadelphia 5, 1952.

This dictionary follows the general pattern of form and content of the large edition, the only difference being the amount of material involved. Definitions are verbatim, and pronunciation is indicated in the same way, but derivations are not given. Many of the tables and plates have been retained, but the latter are reorganized and somewhat simplified. Selection of words to be included in this dictionary was made by an editorial board of experts in various fields, who also added new terms. This edition presents an authoritative reference tool for those who require information in convenient and practical form.

V 15
1952

QUERIES AND MINOR NOTES

CATARACT AND GLAUCOMA

To the Editor:—*What is the status of vitamin and nutritional therapy in the treatment of glaucoma and cataract? What can be done to halt their progress in a patient who has undergone two operations on each eye and has only light vision in one and only 30% vision in the other?* *M.D., New York.*

Answer.—Except in case of a rare cataract due to hypoparathyroidism or the ingestion of certain poisons, there is no medical treatment for cataract that will reverse the opacities. So far as is known, vitamin deficiency has no particular role in the etiology of cataract. The occurrence of glaucoma may be secondary to a large swollen lens, as may occur in cataract, but primary glaucoma is a separate disease from cataract, although the two conditions may occur simultaneously, since both conditions tend to occur in the elderly person. The treatment of the patient described depends on whether the visual loss is due to glaucoma or to the cataract. If due to cataract, extraction is probably the treatment of choice. If the visual loss is due to glaucoma, there is no treatment that will restore vision.

THYROIDECTOMY FOR HEART DISEASE

To the Editor:—*What is the present status of complete extirpation of the thyroid in chronic heart disease?*

M.D., Rhode Island.

Answer.—Complete thyroidectomy was done, mainly in Boston, in 1933, in a number of patients with severe coronary or myocardial insufficiency. Although many of the patients were benefited by the procedure, with decrease of symptoms and prolongation of life, the radical nature of the treatment caused its abandonment. It is of much interest, however, that Dr. Herrman Blumgart, having had considerable experience with this treatment in 1933, has renewed the therapeutic application of removal of thyroid activity, this time medically. In the last few years, he has achieved considerable success in the same type of patient by destruction of the thyroid gland through the use of radioactive iodine. A summary of this work with radioactive iodine is presented in an article on "Treatment of Incapacitated Euthyroid Cardiac Patients by Producing Hypothyroidism with Radioactive Iodine" by Blumgart, Freedberg, and Kurland (*New England J. Med.* **245**:83 [July 19] 1951).

TREATMENT OF DRUG ADDICTION

To the Editor:—*In a recent issue of a lay magazine is an article on the use of shock therapy in the treatment of withdrawal symptoms of drug addiction. I would like to have your opinion on this method of therapy. The article claims the period of withdrawal is shortened and the rate of relapse is about 15% compared with about 50% for the usual methods.*

Morton L. Levy, M.D., Baton Rouge, La.

Answer.—No properly controlled studies of the effect of "shock" therapy in treatment of the symptoms of withdrawal from opiate drugs have been made. Since substitution of methadone followed by reduction carries no risk of damage to the patient and since electroshock therapy definitely does involve such risk, the use of electroshock treatments in withdrawing opiates from addicted persons would not appear to be justified, except as a strictly experimental procedure.

The answers here published have been prepared by competent authorities. They do not, however, represent the opinions of any official bodies unless specifically stated in the reply. Anonymous communications and queries on postal cards cannot be answered. Every letter must contain the writer's name and address, but these will be omitted on request.

TOO LITTLE ROMANCE

To the Editor:—*A man, aged 31, has been married 11 years. The couple had three children in the early years of marriage. He now complains of almost complete lack of sexual response from his wife, who is in excellent health. She rarely reaches a climax. One physician suggested that her condition might be due to subconscious fear of pregnancy, which resulted in a sterilizing procedure, followed by no improvement. This condition has existed since the beginning of the marriage. Is there any preparation that might cause improvement?*

R. C. Boyden, M.D., Yorktown, Va.

Answer.—The fact that this wife does sometimes reach a climax shows that she can respond, which points to faulty sexual technique on the part of the husband. The removal of fear of pregnancy by sterilization is further indication that the husband must be an amateur. He should become informed on sex techniques and correct his inexperience. If the wife sometimes reacts and sometimes does not, it appears that the husband's timing is poor and that he is sometimes premature. He should make it his business to see that his wife is sufficiently prepared before attempting consummation of the act. The attempt to correct this problem seems to have been misdirected, as is often the case. There probably is too little romance in this union.

HYPERTENSION

To the Editor:—*Two points came up in a recent conference: 1. Eye conditions in essential hypertension are in no way distinctive from those in any other type of hypertension. 2. The incidence of cerebral hemorrhage is the same in essential hypertension as in any other type of hypertension. Your opinion would be appreciated.* *M.D., Connecticut.*

Answer.—It may, at times, be possible to distinguish between hypertensive nephritis and essential hypertension by examination of the fundi (Page, I. H.: Clinical Study of Malignant Hypertension, *Ann. Int. Med.* **12**:978, 1939). This is not to say that the mechanism is necessarily different but merely that certain features are commoner in one disease than in the other. Thus, hemorrhage and papilledema seem to be less common in terminal hypertensive nephritis than in terminal essential hypertension. Cerebral hemorrhage seems to be commoner in essential and arteriosclerotic hypertension, coarctation of the aorta, and pheochromocytoma than in nephritis, pyelonephritis, Cushing's syndrome, or polycystic kidneys with hypertension. This is probably because hypertension is much more prolonged in diseases of the first group.

SUBCUTANEOUS HEMORRHAGES

To the Editor:—*What is the nature of superficial venous and capillary hemorrhages that spontaneously appear on any part of the body in a woman, 45 years of age, who is not obese but who has always had a tendency to bruise easily? In recent years, in addition to some spider web-like venous configurations about knees, thighs, or thorax, a stinging pain will be noticed and the next day there is subcutaneous discoloration.*

George A. Chickering, M.D., Hutchinson, Kan.

Answer.—The commonest cause of subcutaneous hemorrhages in middle-aged women is sensitivity (allergy) to some substance. The abnormal capillary fragility varies from day to day and appears to be accentuated when the patient is exposed to a known allergen. It is assumed that in this patient the blood platelets are normal in number, that the prothrombin content of the blood is normal, and that there is no circulating anticoagulant. Clinically, improvement may follow the use of calcium lactate, 1 gm. three times a day, taken with or after meals, for prolonged periods. If the tourniquet test shows abnormal capillary fragility, rutin and ascorbic acid may be given.

ADMINISTRATION OF INSULIN

To the Editor:—*Please comment on the administration of a mixture of protamine zinc insulin and regular insulin, with particular reference to whether the mixture should be layered or mixed together in the same syringe before injection.*

M.D., Connecticut.

Answer.—Protamine zinc insulin and regular insulin may be given in a single syringe either layered or mixed together. Actually, most patients find it difficult to avoid mixing the two, and in the practice of many physicians the intention is to mix the two together in order that a fairly constant mixture may be obtained. Usually, at least two or three times as much regular insulin as protamine zinc insulin is used. If a proportion of less than two parts of regular insulin and one part of protamine zinc insulin is used, so much of the regular insulin is combined with the excess protamine in the protamine zinc insulin that the effect on the patient is more nearly like that of protamine zinc insulin alone.

RECURRENT KELOIDS

To the Editor:—*A Negro man, aged 21, had several flat and pedunculated keloids of the face removed by a competent surgeon two years ago. The recurrence in the resulting scars is now more disfiguring than the previous condition. Would it be advisable to give roentgen therapy immediately after the excision of these lesions?*

L. W. Blake, M.D., Bradenton, Fla.

Answer.—The results from excision plus radiation are much better than from excision alone. The radiation should be administered immediately after surgery. Recently, it was suggested by Cornbleet that the injection of hyaluronidase into the keloid prior to excision contributes to a better result than excision alone, but this method requires more study for final evaluation.

INGROWN HAIR IN BEARD

To the Editor:—*Can you suggest how to prevent ingrown hairs of the beard? These ingrown hairs occur in the neck region and serve as a nucleus for a small furuncle.*

M.D., Massachusetts.

Answer.—The use of an electric razor, because it cuts the hairs off squarely, might be helpful. Also, an effort should be made to shave in one direction in order to lessen irritation. Sometimes the trouble may be overcome for a time by simply avoiding shaving and permitting the hair to acquire some length.

GALLBLADDER DYES AND BLOOD CHEMISTRY

To the Editor:—*What effect have gallbladder dyes administered the night before roentgenograms are made on blood chemistry early in the morning? What effect would there be on the basal metabolic rate, if the patient received these dyes prior to the basal metabolism test?* *Milton Margoles, M.D., Milwaukee.*

Answer.—There is no reason to suspect that any substance used in cholecystography will have an effect on the ordinary blood chemistry tests or on the basal metabolic rate. This is especially true if the substances have been used the night before the blood is removed for study.

LUPUS ERYTHEMATOSUS

To the Editor:—*Please discuss treatment and prognosis of disseminated lupus erythematosus. What is the L. E. phenomenon?*

Julio M. Roca, M.D., New York.

Answer.—Disseminated lupus erythematosus may take any of several forms. Acute disseminated lupus erythematosus is a serious disease with a poor prognosis. The current treatment consists of the administration of a combination of the hormones corticotropin and cortisone, antibiotic agents, and supportive measures. The subacute cases are treated in much the same way but with reliance more on supportive measures than on the hormone preparations. Disseminated discoid lupus erythematosus, which some workers believe to be unrelated to the acute variety because of its good prognosis and lack of systemic involvement as determined by laboratory tests, is treated usually with such preparations as liver extract, vitamin B_{12}, quinine, and heavy metals, such as bismuth, gold, or arsenic. The L. E. phenomenon, observed in cases of acute disseminated lupus erythematosus, consists of two components, the L. E. rosette, which is a cytological abnormality of clumped leukocytes related to the L. E. cell, and the L. E. cell, which is a neutrophilic polymorphonuclear leukocyte with an inclusion body of homogeneous nucleus-like material. There have been numerous excellent articles dealing with all phases of lupus erythematosus in the *A. M. A. Archives of Dermatology and Syphilology* during the past few years.

TUBERCULOUS CATS

To the Editor:—*A cat died that belonged to a patient with active pulmonary tuberculosis, and the owner was informed by the veterinarian that on the basis of autopsy appearance, death resulted from tuberculosis. Kittens have been placed with other families. Is there any possibility of infection from this source?*

Sumner D. Davis, M.D., Talladega, Ala.

Answer.—It is possible but not probable that this cat could have contracted tuberculosis from the tuberculous owner. It is also possible that the disease had been passed on to the kittens and that humans could eventually contract tuberculosis from the kittens. Cats are supposed to be quite resistant to the human type of infection but susceptible to the bovine type. An extensive survey indicated that 95.4% of tuberculous cats were affected with the bovine type and 4.6% with the human type.

STRANGULATION OF FETUS DURING LABOR

To the Editor:—*A 24-year-old woman is five months along in her fourth pregnancy. Her oldest child is 9 years old. She had two full term stillbirths, which apparently were due to strangulation of the baby during labor. This patient is anxious to have a live baby. Would you advise doing a cesarean section? She is Rh-positive and her husband is Rh-negative.*

Lewis M. Davis, M.D., Greer, S. C.

Answer.—A cesarean section on this patient does not seem indicated, unless it is found during labor that the fetal heart shows distress. If the cord is short or tight, a change in the fetal heart tones often can be noticed and a section done, if necessary. The Rh factor should be studied also.

MEDICINAL SOFT SOAP ON OBSTETRIC FORCEPS

To the Editor:—*What bacteriological dangers attend the use of medicinal soft soap (green soap), used as purchased, as a lubricant on the blades of ostetric forceps?*

M.D., Missouri.

Answer.—If medicinal soft soap is used as a lubricant in obstetric procedures it should be autoclaved to insure its sterility. Undiluted tincture of medicinal soft soap is too irritating to the mucous membrane of the vagina and to the baby's mouth and eyes to be used. It should be diluted to a concentration no greater than 10 or 20%. In a large maternity hospital, a 50% solution of medicinal soft soap was found to be too irritating.

STREPTOMYCIN

To the Editor:—*When giving streptomycin injections, should a nurse use gloves to avoid contamination of her own skin and possible development of sensitivity to streptomycin? The nurses at both local general hospitals do not use gloves in administering streptomycin, and the training school offices report no untoward effects.*

M.D., Connecticut.

Answer.—The incidence of contact dermatitis from streptomycin solutions or powder is extremely low. It is not customary for nurses or physicians to use gloves when they administer streptomycin.

JOURNALS ABSTRACTED IN THE CURRENT MEDICAL LITERATURE DEPARTMENT, SEPTEMBER-DECEMBER 1952

Titles have been listed or abstracts made of important articles in the following journals in the Current Medical Literature Department of THE JOURNAL during the past four months. Any of the journals, except those starred, will be lent by THE JOURNAL to individual subscribers in Continental United States and Canada and to members of the American Medical Association and its student organization. No charge is made to members, but the fee for other borrowers is 15 cents in stamps for each periodical. Three journals may be borrowed at a time for a period not exceeding five days. Requests should be addressed to the Library of the American Medical Association. Thus most of these journals are accessible to the general practitioner.

*A. M. A. American Journal of Diseases of Children. Chicago.
*A. M. A. Archives of Dermatology and Syphilology. Chicago
*A. M. A. Archives of Industrial Hygiene and Occupational Medicine. Chicago.
*A. M. A. Archives of Internal Medicine. Chicago.
*A. M. A. Archives of Neurology and Psychiatry. Chicago.
*A. M. A. Archives of Ophthalmology. Chicago.
*A. M. A. Archives of Otolaryngology. Chicago.
*A. M. A. Archives of Pathology. Chicago.
*A. M. A. Archives of Surgery. Chicago.
Acta chirurgica scandinavica. Stockholm.
Acta clinica belgica. Brussels.
Acta dermato-venereologica. Stockholm.
Acta haematologica. Basel.
Acta medica orientalia. Jerusalem.
Acta medica scandinavica. Stockholm.
Acta neurologica et psychiatrica belgica. Brussels.
Acta radiologica. Stockholm.
Actas dermo-sifiliográficas. Madrid.
American Heart Journal. St. Louis.
American Journal of Clinical Pathology. Baltimore.
American Journal of Digestive Diseases. Fort Wayne, Ind.
American Journal of Hygiene. Baltimore.
American Journal of the Medical Sciences. Philadelphia.
American Journal of Medicine. New York.
American Journal of Obstetrics and Gynecology. St. Louis.
American Journal of Ophthalmology. Chicago.
American Journal of Pathology. Ann Arbor, Mich.
American Journal of Physical Medicine. Baltimore.
American Journal of Physiology. Washington.
American Journal of Psychiatry. New York.
American Journal of Public Health. New York.
American Journal of Roentgenol. and Radium Therapy. Springfield, Ill.
American Journal of Surgery. New York.
American Journal of Syphilis, Gonor. and Venereal Diseases. St. Louis.
American Journal of Tropical Medicine and Hygiene. Baltimore.
American Practitioner and Digest of Treatment. Philadelphia.
American Review of Tuberculosis. New York.
American Surgeon. Atlanta, Ga.
Anales de la Facultad de medicina de Montevideo. Montevideo.
Anesthesiology. New York.
Angiology. Baltimore.
Annals of Allergy. Minneapolis.
Annals of Internal Medicine. Lancaster, Pa.
Annals of Otology, Rhinology and Laryngology. St. Louis.
Annals of the Rheumatic Diseases. London.
Annals of Surgery. Philadelphia.
Annals of Western Medicine and Surgery. Los Angeles.
Antibiotics and Chemotherapy. Washington, D. C.
Archiv für Kinderheilkunde. Stuttgart.
Archiv für Psychiatrie und Nervenkrankheiten. Berlin.
Archives of Disease in Childhood. London.
Archives des maladies de l'appareil digestif. Paris.
Archives of Physical Medicine. Chicago.
Archivos del Hospital Universitario. Havana.
Archivos de pediatria. Barcelona.
Archivum chirurgicum neerlandicum. Arnhem.
Arizona Medicine. Phoenix.
Arquivos de neuro-psiquiatria. São Paulo.
Ärztliche Forschung. Munich.
Ärztliche Wochenschrift. Berlin.
Beiträge zur klinischen Chirurgie. Munich.
Blood. New York.
Brain. London.
British Heart Journal. London.
British Journal of Cancer. London.
British Journal of Dermatology. London.
British Journal of Experimental Pathology. London.
British Journal of Industrial Medicine. London.
British Journal of Ophthalmology. London.
British Journal of Plastic Surgery. Edinburgh.
British Journal of Radiology. London.
British Journal of Social Medicine. London.
British Journal of Surgery. Bristol.
British Journal of Tuberculosis. London.
British Journal of Urology. London.
British Journal of Venereal Diseases. London.
British Medical Journal. London.
Bruxelles-médical. Brussels.
Bulletin of the Johns Hopkins Hospital. Baltimore.
California Medicine. San Francisco.
Canadian Journal of Medical Sciences. Ottawa.
Canadian Journal of Public Health. Toronto.
Canadian Medical Association Journal. Montreal.
Cancer. Philadelphia.
Cancer Research. Chicago.
Chirurg. Berlin-Heidelberg.
Circulation. New York.
Connecticut State Medical Journal. Hartford.
Delaware State Medical Journal. Wilmington.
Deutsche medizinische Wochenschrift. Stuttgart.
Diabetes. New York.
Die Medizinische. Stuttgart.
Diseases of Chest. Chicago.
Documenta de medicina geographica et tropica. Amsterdam.
East African Medical Journal. Nairobi.
Edinburgh Medical Journal. Edinburgh.
Electroencephalography and Clinical Neurophysiology. Boston.
Encéphale. Paris.
Endocrinology. Springfield, Ill.
Fortschritte auf dem Gebiete der Röntgenstrahlen vereinigt mit Röntgenpraxis. Stuttgart.
Gastroenterology. Baltimore.
Gazzeta medica italiana. Milan.
Geburtshilfe und Frauenheilkunde. Stuttgart.
Geriatrics. Minneapolis.
Giornale di clinica medica. Parma.
Giornale italiano di chirurgia. Naples.
Glasgow Medical Journal. Glasgow.
GP (Journal of American Academy of General Practice). Kansas City, Mo.
Hawaii Medical Journal. Honolulu.
Illinois Medical Journal. Chicago.
Indian Medical Gazette. Calcutta.
Industrial Medicine and Surgery. Chicago.
International Journal of Leprosy. New Orleans.
Irish Journal of Medical Science. Dublin.
Journal of Allergy. St. Louis.
Journal of Applied Physiology. Washington, D. C.
Journal of Arkansas Medical Society. Fort Smith.
Journal of Aviation Medicine. St. Paul.
Journal of Bacteriology. Baltimore.
Journal of Bone and Joint Surgery. Boston.
Journal of Clinical Endocrinology and Metabolism. Springfield, Ill.
Journal of Clinical Investigation. New York.
Journal of Clinical Pathology. London.
Journal of Endocrinology. London.
Journal of Experimental Medicine. New York.
Journal of the Florida Medical Association. Jacksonville.
Journal français de médecine et chirurgie thoraciques. Paris.
Journal of Gerontology. St. Louis.
Journal of Hygiene. London.
Journal of Immunology. Baltimore.
Journal of the Indiana State Medical Association. Indianapolis.
Journal of Infectious Diseases. Chicago.
Journal of International College of Surgeons. Chicago.
Journal of Investigative Dermatology. Baltimore.
Journal of the Iowa State Medical Society. Des Moines.
Journal of the Kansas Medical Society. Topeka.
Journal of the Kentucky State Medical Association. Bowling Green.
Journal of Laboratory and Clinical Medicine. St. Louis.
Journal of the Maine Medical Association. Portland.
Journal of the Medical Association of the State of Alabama. Montgomery.
Journal of the Medical Association of Georgia. Atlanta.
Journal of the Medical Society of New Jersey. Trenton.
Journal de médecine de Lyon. Lyon.
Journal of Mental Science. London.
Journal of the Michigan State Medical Society. Lansing.
Journal of the Missouri State Medical Association. St. Louis.
Journal of the Mount Sinai Hospital. New York.
Journal of National Cancer Institute. Washington, D. C.
Journal of Nervous and Mental Disease. New York.
Journal of Neurology, Neurosurgery and Psychiatry. London.
Journal of Neuropathology and Experimental Neurology. Baltimore.
Journal of Neurophysiology. Springfield, Ill.

* Cannot be lent.

Journal of Neurosurgery. Springfield, Ill.
Journal of Nutrition. Philadelphia.
Journal of Obstetrics and Gynaecology of the British Empire. Manchester.
Journal of the Oklahoma State Medical Association. Oklahoma City.
Journal of Pathology and Bacteriology. Edinburgh.
Journal of Pediatrics. St. Louis.
Journal of Pharmacology and Experimental Therapeutics. Baltimore.
Journal of the Philippine Medical Association. Manila.
Journal of School Health. Buffalo, N. Y.
Journal of the South Carolina Medical Association. Florence.
Journal of the Student American Medical Association. Chicago.
Journal of the Tennessee State Medical Association. Nashville.
Journal of Thoracic Surgery. St. Louis.
Journal of Tropical Medicine and Hygiene. London.
Journal of Urology. Baltimore.
Journal-Lancet. Minneapolis.
Klinische Medizin. Vienna.
Klinische Monatsblätter für Augenheilkunde. Stuttgart.
Klinische Wochenschrift. Berlin-Heidelberg.
Krebsarzt. Vienna.
Lancet. London.
Laryngoscope. St. Louis
Lotta contro la tubercolosi. Rome.
Maandschrift voor kindergeneeskunde. Leyden.
Maryland State Medical Journal. Baltimore.
Medical Annals of the District of Columbia. Washington.
Medical Journal of Australia. Sydney.
Medicina. Buenos Aires.
Medicina. Madrid.
Medicine. Baltimore.
Memphis Medical Journal. Memphis.
Mental Hygiene. Albany, N. Y.
Metabolism. New York.
Military Surgeon. Washington, D. C.
Minerva chirurgica. Turin.
Minerva dermatologica. Turin.
Minerva ginecologica. Turin.
Minerva medica. Turin.
Minerva pediatrica. Turin.
Minnesota Medicine. St. Paul.
Monatsschrift für Kinderheilkunde. Berlin.
Münchener medizinische Wochenschrift. Munich.
Nebraska State Medical Journal. Lincoln.
Nederlandsch tijdschrift voor geneeskunde. Amsterdam.
Nervenarzt. Heidelberg.
Neurology. Minneapolis.
New England Journal of Medicine. Boston.
New Jersey Medical Society Journal. Trenton.
New Orleans Medical and Surgical Journal. New Orleans.
New York State Journal of Medicine. New York.
New Zealand Medical Journal. Wellington.
Nordisk medicin. Stockholm.
North Carolina Medical Journal. Winston-Salem.
Northwest Medicine. Seattle.
Ohio State Medical Journal. Columbus.
Oral Surgery, Oral Medicine and Oral Pathology. St. Louis.
Pediatrics. Springfield, Ill.
Pennsylvania Medical Journal. Harrisburg.
Physiological Reviews. Baltimore.
Plastic & Reconstructive Surgery. Baltimore.
Policlinico (Pract. Sect). Rome.
Postgraduate Medicine. Minneapolis.
Practitioner. London.
Praxis. Bern.
Prensa médica argentina. Buenos Aires.
Presse médicale. Paris.
Proceedings of Royal Society of Medicine. London.
Proceedings of the Society for Experimental Biology and Medicine. Utica, N. Y.
Proceedings of Staff Meetings of Mayo Clinic. Rochester, Minn.
Progrès médical. Paris.
Progresso medico. Naples.
Psychiatric Quarterly. Utica, N. Y.
Psychiatry. Washington, D. C.
Psychoanalytic Quarterly. Albany, N. Y.
Psychoanalytic Review. Albany, N. Y.
Psychosomatic Medicine. New York.
Public Health Reports. Washington, D. C.
Quarterly Journal of Medicine. Oxford.
Quarterly Journal of Studies on Alcohol. New Haven, Conn.
Radiology. Syracuse, N. Y.
Review of Gastroenterology. New York.
Revista de la Asociación médica argentina. Buenos Aires.
Revista brasileira de tuberculose. Rio de Janeiro.
Revista chilena de pediatría. Santiago.
Revista clínica española. Madrid.
Revista española de tuberculosis. Madrid.
Revista médica de Chile. Santiago.
Revista de obstetricia y ginecología. Caracas.
Revista paulista de medicina. São Paulo.
Revue du rhumatisme. Paris.
Rhode Island Medical Journal. Providence.
Riforma medica. Naples.
Rivista di clinica pediatrica. Florence.
Rocky Mountain Medical Journal. Denver.
Schweizerische medizinische Wochenschrift. Basel.
Schweizerische Zeitschrift für Tuberkulose. Basel.
Semaine des hôpitaux de Paris. Paris.
Settimana medica. Florence.
South African Medical Journal. Cape Town.
South Dakota Journal of Medicine and Pharmacy. Sioux Falls.
Southern Medical Journal. Birmingham, Ala.
Southwestern Medicine. El Paso, Texas.
Stanford Medical Bulletin. San Francisco.
Strahlentherapie. Munich.
Strasbourg médical. Strasbourg.
Surgery. St. Louis.
Surgery, Gynecology and Obstetrics. Chicago.
Texas Reports on Biology and Medicine. Galveston.
Texas State Journal of Medicine. Fort Worth.
Thorax. London.
Tidsskrift for den norske lægeforening. Oslo.
Transactions of the Royal Society of Tropical Medicine and Hygiene. London.
Tubercle. London.
Ugeskrift for læger. Copenhagen.
Union médicale du Canada. Montreal.
United States Armed Forces Medical Journal. Washington, D. C.
Virginia Medical Monthly. Richmond.
Western Journal of Surgery, Obstetrics and Gynecology. Portland, Ore.
West Virginia Medical Journal. Charleston.
Wiener klinische Wochenschrift. Vienna.
Wiener medizinische Wochenschrift. Vienna.
Wiener Zeitschrift für innere Medizin. Vienna.
Wisconsin Medical Journal. Madison.
World Medical Association Bulletin. New York.
Yale Journal of Biology and Medicine. New Haven.
Zeitschrift für die gesamte innere Medizin. Leipzig.
Zeitschrift für Immunitätsforschung und experimentelle Therapie. Jena.
Zeitschrift für Kinderheilkunde. Heidelberg.
Zeitschrift für Orthopädie und ihre Grenzgebiete. Stuttgart.
Zentralblatt für Chirurgie. Leipzig.

V 1
195

SUBJECT INDEX

This is an index to all the reading matter in THE JOURNAL. In the Current Medical Literature Department only the articles which have been abstracted are indexed.

The letters used to explain in which department the matter indexed appears are as follows: "BI," Bureau of Investigation; "E," Editorial; "C," Correspondence; "ab," abstracts; the asterisk (*) indicates an original article in THE JOURNAL.

This is a subject index and one should, therefore, look for the subject word, with the following exceptions: "Book Notices," "Deaths," "Medicolegal Abstracts" and "Societies" are indexed under these titles at the end of the letters "B," "D," "M," and "S." Matter pertaining to the Association is indexed under "American Medical Association." The name of the author, in brackets, follows the subject entry.

For the author index see page 1796.

A

ACTH: See Corticotropin
ABDOMEN: See also Ascites; Gastrointestinal Tract; Pelvis; Peritoneum
epilepsy, duodenal ulcer symptoms sign of, (replies) [Moore: Schindler] 66
hemorrhage, apoplexy in child (spontaneous retroperitoneal hemorrhage) [Jurishica & Vaccaro] *1115
intra-abdominal pressure, hiatus pneumocele complicating therapeutic pneumoperitoneum, [Friedman] *211
masked catastrophe in tabes dorsalis, [Grimble] 1049—ab
pain after appendectomy, (reply) [Taubenhaus] 66
pain, chronic appendicitis or painful ovary? [Patton] 1247—ab
retroperitoneal insufflation in roentgen diagnosis, [Ransome] 851—ab
retroperitoneal pneumography with pyelography, [Duff] 1151—ab
sclerosing lipogranulomas, cortisone improves 1 case, [Galbraith & Young] *1295
Surgery: See also Appendectomy; Cesarean Section; Gallbladder
surgery, interinnomino-abdominal operation, [Gordon-Taylor] 521—ab
surgery, muscle relaxants in, [Foldes & others] *1561
surgery (radical), induced hypotension in, [Bojan] 726—ab
syndrome of ruptured deep epigastric vessel, [Krapin] *789
Viscera: See Viscera
ABNORMALITIES: See Crippled; Monsters; under specific organ and region as Heart
ABORIGINES
medicine of, London, 1716
ABORTION
criminal, in general practice; detailed record by Dr. Dahlerup, Denmark, 1506
habitual; prevention, 1444
habitual, Rh incompatibility and, [Mayr] 1155—ab
state legislation, (Bureau report), 917
therapeutic, with folic acid antagonist, [Thiersch] 718—ab
ABSCESS: See Ulcers; under organs affected as Brain; Lungs; Pelvis
Amebic: See Foci; Liver
ABSORPTION
tests (differential) in diagnosis of infectious mononucleosis, [Leibowitz] 1340—ab
ACADEMIE Duchenne de Boulogne Prize: See Prizes
ACADEMY: See under names of specific academies as American Academy; Columbus Academy; list of Societies at end of letter S
Prizes Awarded by various academies: See Prizes
ACANTHOSIS
nigricans, significance, [Curth] 817—ab
ACARIASIS
pulmonary, in Belgian Congo, 236
ACARODERMATITIS URTICARIOIDES (grain itch)
epidemiological and clinical study; mite infected wheat straw, [Booth & Jones] *1575
ACCIDENTS: See also Disability; Disasters; Trauma; Wounds
"Accident Facts," occupational injuries, from National Safety Council, 804
Automobile: See Automobiles
boxing industry, [Ferlaino] *851; 1490—E
childhood, 1392—ab
Industrial: See Industrial Accidents
motorcyclists' deaths, British and Irish societies discuss, 606
prevention, American Public Health Association Subcommittee on, A.M.A. Bureau cooperates with, 921
Traffic: See Automobiles
ACET-DIA-MER-SULFONAMIDES
N.N.R., (tricombisul, Schering) 219
ACID
acetic, solution for vegetables contaminated with endamoeba, [Jones] 1311—ab
adenosine triphosphoric, substitute for corticotropin, [Grenier] 251—ab
Amino Acids: See Amino Acids
ACID—Continued
p-aminobenzoic, in epidemic parotitis, [Racca] 1259—ab
p-aminobenzoic, to prevent skin damage by sunlight, [Bell] 1452—ab
4-aminopteroylglutamic, abortions induced with, [Thiersch] 718—ab
p-aminosalicylic, allergic reactions to, [Kniest] 728—ab
p-aminosalicylic, effect on resistance of tubercle bacilli to streptomycin, [Friedman] 819—ab
p-aminosalicylic, high doses in pulmonary tuberculosis, [Phillips] 245—ab
p-aminosalicylic, in complications of pulmonary tuberculosis, [de Reule] 1054—ab
p-aminosalicylic, in intestinal tuberculosis, [Wolfson] 719—ab
p-aminosalicylic, infectious mononucleosis symptoms from, [Stokes] 1544—ab
p-aminosalicylic, N.N.R., (Premo) 219; (Hexagon) 1405
p-aminosalicylic, plus streptomycin in miliary tuberculosis; change to isoniazid with streptomycin? 629
p-aminosalicylic plus streptomycin in tuberculosis, American Trudeau Society statement, 574—ab
p-aminosalicylic plus streptomycin vs. isoniazid in renal tuberculosis, [Lattimer] *981
p-aminosalicylic, plus streptomycin, vitamin A and vitamin D in osteoarticular tuberculosis, Italy, 1033
p-aminosalicylic, serious accidents from, Paris, 506
p-Aminosalicylic, Sodium Salt of: See Sodium p-Aminosalicylate
p-aminosalicylic, treatment of tuberculosis, [Carr] *1171
p-aminosalicylic, treatment of tuberculosis in Fitzsimons Army Hospital, [Tempel] *1165
antifolic, treatment of leukemia in children, [Stickney & Mills] *1279
ascorbic, N.N.R., (Boyle) 219; [Bowman Bros.] 1310
Ceritamic: See Acid, ascorbic
fatty, deficiency, and mineral oil, [Bacon] 1345—ab
folic, antagonist, therapeutic abortions induced with, [Thiersch] 718—ab
folic, antagonists treatment of leukemia, [Sturgis] *1554; *1555
folic, vitamin B_{12} and ferric ammonium citrate to prevent perianal irritation from aureomycin (Militzer method), 627
gentisic, in rheumatic disease, [Rosenberg] 719—ab
Hydrochloric: See also Stomach acidity
hydrochloric, pyloric stenosis after ingestion; also hepatitis, [Baker & Spellberg] *442
iodopanoic (telepaque) N.N.R., (description) 795; (Winthrop-Stearns) 795
iodopanoic, telepaque; new cholecystographic medium, [Shehadi] 1720—ab
Isonicotinic Hydrazide: See Isoniazid
Mesoxalic, Ureide of: See Alloxan
nicotinic, nicotinamide ointment for pruriginous dermatoses and hyperkeratoses, [Dainow] 1052—ab
nicotinic, U.S.P., N.N.R., (Physicians Drug & Supply) 35; (Niacin: Rexall) 35; (Bowman Bros.) 1310
ACID BASE BALANCE: See Acidosis
ACIDITY
Gastric: See Stomach acidity
ACIDOSIS
treatment, potassic saline (Darrow), N.N.R., 489; (Don Baxter) 489
ACNE
of lower limb amputation stump, [Schamberg] *1653
scars, removal with superficial scarification, (reply), [Gilkes] 1268
treatment, provitamins D, [Cerri] 622—ab
treatment, tin preparations, 528
ACOUSTIC Trauma: See Deafness
ACRODYNIA: See Erythredema
ACTH: See Corticotropin
ACTINOMYCES, Antibiotic Prepared from: See Streptomycin
ACTINOMYCOSIS
of bones, antibiotics and chemotherapy for, [Altemeier & Largen] *1468
treatment, resectable mycotic lesions and acutely fatal mycoses, [Baker] *1579
treatment, "stilbamidine," [Miller & others] *35; (fatalities) [Cohen] 1332—C
ACTIVITY: See Exercise
ADACTAR: See Corticotropin treatment
ADAPTATION
syndrome (general), refutation of, [Decourt] 1260—ab
ADDICTION: See Alcoholism; Narcotics
ADDISON'S ANEMIA: See Anemia, Pernicious
ADDISON'S DISEASE
adrenocortical eosinopenia evaluated; 4 hour eosinophil response tests, [Best] 1148—ab
cause of mild uremia, 1646
treatment; testosterone, interrenalin, corticotropin, [Rogoff] 1333—C
ADDRESSES: See Lectures
Chairmen's Address: See American Medical Association, Section
ADENOCARCINOMA
primary, of appendix, [Lawton & Ehrlich] *189
ADENOIDECTOMY
relation to poliomyelitis, [Miller] *532
ADENOIDS
hypertrophy, cortisone for, 1060
infectious factors in pediatric allergy, [Chobot] *1489
ADENOMA
Nontoxic, of Thyroid: See Goiter
of colon, ileoproctostomy for, [Best] *637
of pancreas and adrenal cortex, surgery for hyperinsulinism, [Hellström] 1048—ab
of pituitary, roentgen therapy, [Aitken] 1253—ab
Toxic, of Thyroid: See Goiter, Toxic
ADENOMYOSIS: See Endometriosis
ADENOSINE
triphosphoric acid as substitute for corticotropin, [Grenier] 251—ab
ADHESIVE TAPE
depigmentation from monobenzyl ether of hydroquinone in, [McKusick & Stacey] 1332—C
ADIPOSITY: See Obesity
ADOLESCENCE
boy drinking 2 or 3 quarts of milk not cause of headaches, 1549
girl 14½ years old grows 8 inches in year, 836
precocious puberty (hereditary), [Jacobsen] 1043—ab
precocious puberty, vaginal bleeding in 6 year old girl, 1265
tinea capitis in, [Pipkin] 817—ab
ADOPTION
adopting a baby, 1443
ADRENALECTOMY: See Adrenals, surgery
ADRENALIN: See Epinephrine
ADRENALS: See also Addison's Disease
Adrenocorticotropic Hormone: See Corticotropin
adrenogenital syndrome in boy due to adrenocortical tumor with hemihypertrophy and subsequent embryoma, [Riedel] 1043—ab
Cortex: See also Adrenals, tumors
Cortex Compound E: See Cortisone
cortex, effect of therapeutic doses of sodium salicylate on, Italy, 505
cortex function at death measured by circulating eosinophils, [Jennings] 861—ab
cortex function evaluated in corticotropin treatment of asthma, [Johnsson] 727—ab
cortex function in patients with chronic epilepsy, [Staple] 853—C
Cortex Hormone (Crystalline): See Desoxycorticosterone
cortex insufficiency in 3 male infants in 1 family, [Roberts] 1249—ab
cortex insufficiency, Thorn test and Robinson-Power-Kepler test for, [Díez Rivas & others] *647; 1358
cortex substance (dehydroisoandrosterone) for psychopathic personality, London, 1420
Hormone (Sympathetic): See Epinephrine
iatrogenic, insufficiency, 1222—E
in tropical sprue, [Díez Rivas & others] *647
insufficiency, cause of mild uremia, 1646

ADRENALS—Continued
surgery, adrenalectomy for prostate cancer, [Smith] 728—ab
surgery, bilateral adrenalectomy effect on miscellaneous neoplasms, [West] 1628—ab
surgery, bilateral adrenalectomy; effects; cortisone replacement therapy, [Hollander] 1629—ab
tumors, adrenocortical tumor excised for Cushing's syndrome, [Nichols] 827—ab; [Oppenheimer] 1632—ab
tumors, adrenocortical tumor in liver of boy with virilism and Cushing's syndrome, [Wilkins] 1043—ab
tumors, surgical treatment of hyperinsulinism, [Hellström] 1048—ab
virilism, diagnosis; treatment, [Jaller & others] *575
ADRENOCORTICOTROPIC HORMONE: See Corticotropin
ADVERTISING
Judicial Council report, 1707
ADVISORY
Board for Medical Specialties, *378
Committee on Internships, (Council report) *278; 929; 1692
AERONAUTICS: See Aviation
AEROSPORIN: See Polymyxin B Sulfate
AFRICAN Sleeping Sickness: See Trypanosomiasis
AFTERBIRTH: See Placenta
AGE
Adolescent: See Adolescence
Maternal: See Pregnancy
middle, nondementing psychoses in [Madden & others] *1567
middle, subcutaneous hemorrhage in, 1735
Old Age: See Old Age
parental, vs. cleft lip and palate, [McEritt] 1635—ab
AGGLUTININS
agglutination test in diagnosis of leptospirosis, 1406—E
cold, vs. warm, hemagglutinins in acquired hemolytic anemia, [Sacks & others] *1556
Rh: See Rh Factor
study of Middlebrook-Dubos reaction, Switzerland, 51
AGGLUTINOGEN
Rh: See Rh Factor
AGRANULOCYTOSIS, ACUTE
etiology: Novaldin; corticotropin cures, [Hart] 956—ab
AGRICULTURE: See Farm
AIR: See also Humidity; Oxygen
carbon monoxide titration in, Paris, 506
characteristics, structure of atmosphere in rocket flights, [Campbell] *3
conditioning, 257
Dust in, as Industrial Hazard: See Pneumonoconiosis
Embolism: See Embolism
industrial hazard of high oxygen atmospheres, 1058
Injection: See Pneumoperitoneum Pneumothorax, Artificial
pollution, (Council report) 909
pollution, joint program on, 42
Presence of Air in Cavity: See Pneumothorax
AIR FORCE: See Aviation, U. S. Air Force
AIR PASSAGES: See Respiratory System
AIRPLANES: See Aviation
ALASKA
Dr. Carswell returns to health dept., 804
ALBINISM: See also Vitiligo
familial white skin spotting (piebaldness) [Cooke] 1150—ab
ALBUMIN
changes in burns, Aminco-Stern electrophoresis apparatus, to study, [Prendergast] 613—ab
in Blood: See Blood proteins
infusions (human) and homologous serum jaundice, [Paine & Janeway] *199
ALCOHOL: See also Medicolegal Abstracts at end of letter M
absolute for nerve blocking in intractable pain, [Bonica] *1585
Addicts: See Alcoholism
gin and ginger-beer with teaspoonful of salt to overcome fatigue, London, 606
in cough syrup, "psychotic reaction" to antabuse therapy, [Fiske] *1110
Methyl (Wood Alcohol): See Methyl Alcohol
ALCOHOLISM: See also "Drunkenness" under Medicolegal Abstracts at end of letter M
Alcoholics Anonymous, N. Y., 1410
Alcoholic Clinic, New York, 944
chronic, liver dysfunction in, [Rouleau] 1639—ab
committee to plan research and clinics on, N. Y., 1708
diagnosis, Testing the Drinking Driver, exhibit by A.M.A. Committee, 914
problem drinker in industry, [Page] 1726—ab
Rocky Mountain Regional Institute on, meeting Sept. 30 to Oct. 2, 228
treatment, antabuse, [Larimer] *79
treatment, antabuse, psychotic reaction to alcohol in cough syrup, [Fiske] *1110
ALDINAMIDE: See Pyrazinamide
ALIENS: See Physicians, foreign
ALIMENTARY TRACT: See Digestive System; Gastrointestinal System
ALKALI
how can urine of patient on low sodium diet be rendered alkaline? 528
reserve in acute digestive disturbances, [Schmöger] 1437—ab
ALKALOSIS: See Acidosis
ALLERGY: See also Asthma; Dermatitis venenata; Eczema; Hay Fever
American Academy of, papers for annual meeting, 424
cause of subcutaneous hemorrhage, 1735
certification in, by American Board of Internal Medicine, *387
immuno-allergic relations between tuberculosis and leprosy, [Fernández] 1048—ab
Infectious factors in, [Chobot] *1480
leukocyte count and eosinophils in, Brazil, 426
migraine as an allergic disease, [Unger] 1631
pollen and mold allergy in Southwest, [Swinny] *464
postnasal drip, 166; (replies) [Wolf; Goldman] 1520
rhinitis, 1098
sensitivity to *p*-aminosalicylic acid, [Kulest] 728—ab
sensitivity to cold, 1549
Sensitivity to Food: See Food
sensitivity to helminthiasis, Brazil, 1505
sensitivity to penicillin, fatal reaction, London, 1520
sensitivity to penicillin, related to ingestion of cheese? 627
sensitivity to snake venom, Brazil, 1328
shock, reaction to streptokinase and streptodornase, [Miller & Long] 814—C
ALLOXAN
effect on islet cell tumor, [Böttner] 1050—ab
N-ALLYLNORMORPHINE (Nalline)
antidote for acute morphine poisoning, 1121—E
treatment of dihydromorphinone and methorphinan overdosage, [Chase & others] *1103
ALMAGUIN (mucotin)
name accepted by Council, 861
ALOPECIA
areata, cortisone orally for, [Dillaha & Rothman] *546
etiology: thallium intoxication in children, [Frank & Hirsch] *586
loss of hair after delivery, 434
ALPHA Omega Alpha Lecture: See Lectures
ALTITUDE
High: See also Aviation
ALUMINUM
carbonate (basic), N.N.R., (description) 1487; (basalgel, Wyeth) 1488
monostearate with procaine penicillin to prevent syphilis, 460—ab
AMBCO Hearing Amplifier (Table Model) 1489
AMBULANCES
helicopter units as part of U. S. Army Medical Service, 1503
AMEBIASIS: See also Colitis, amebic; Liver, amebic abscess
abscess of foot, [Nowicki] 813—C
AMENORRHEA
third generation follow-up in woman receiving pelvic irradiation, [Rubin] *207; (replies) [Russell] 1619—C; [Warren & Hicks] 1620—C; [Newell] 1620—C
AMERICAN: See also Inter-American; National; United States; list of societies at letter S
Academy of Dermatology and Syphilology Fellowship: See Fellowships
Academy of General Practice and A.M.A. Council launch industrial health program for family doctor, 421; 900
Academy of Pediatrics, children's tumor registry established by, 1130
Association of Medical Clinics, [Harrell] 1618—C
Association of School Administrators, (A.M.A. Bureau cooperation with) 921
Board of Anesthesiology, (officers; requirements; examination; certification) *381; (joint statement with A.M.A. Council on Medical Education and Hospitals) 1038
Board of Dermatology and Syphilology, (officers; examinations; certification; preceptorship) *381
Board of Internal Medicine, (officers; requirements; examinations; certification) *384
Board of Neurological Surgery, (officers; requirements; examinations; certification) *388
Board of Obstetrics and Gynecology, (requirements; examinations; certification; residencies; preceptorships) *389
Board of Ophthalmology, (officers; requirements; examinations; certification) *394
Board of Orthopaedic Surgery, (officers; requirements; examinations; certification; preceptorship) *396
Board of Otolaryngology, (officers; requirements; examinations; certification) *398
Board of Pathology, (officers; requirements; examinations; credit for military services) *400
AMERICAN—Continued
Board of Pediatrics, (officers; requirements; examinations; certification) *404
Board of Physical Medicine and Rehabilitation, (officers; requirements; examinations; certification) *405
Board of Plastic Surgery, (officers; requirements; examinations; military credit), *406
Board of Preventive Medicine, (officers; requirements; examinations; fees; certification) *409
Board of Proctology, (officers; requirements; examinations; fees) *410
Board of Psychiatry and Neurology, (graduate training programs acceptable by) *377; (officers; requirements; examinations; certification; fees) *411
Board of Radiology, (officers; certification; requirements; examination) *413
Board of Surgery, (officers; requirements; examinations; certification; fees) *414; (statement on Emergency Medical Call Service) 1622
Board of Urology, (officers; requirements; examinations; certification) *416
Boards, (certification; list of) *378; (requirements and general practice) [Bauer] 1679; (A.M.A. resolution on private general practice as requisite for certification) 1703; (A.M.A. recognizes only one certifying board in each specialty) 1705
Cancer Society Prize: See Prizes
College of Chest Physicians Award: See Prizes
Dental Association, reply to unjustified criticism of dentists by Rear Adm. Lamont Pugh, 1312—E
Dermatological Association Prize: See Prizes
Diabetes Association, A.M.A. Bureau cooperation with) 921; (prize) 1023
Hospital Association, (Council on Professional Practice; cooperative program to reduce cost of hospital care) 696—E; [Snoke] 713—C
Foundation: See Foundations
Legion, (address of representative, Dr. Booher, at A.M.A. Clinical Session) 1682; (A.M.A. Liaison Committee with) 1706
Medical Education Foundation: See Foundations
Medical Society of Vienna, reorganized in 1950, 145; [Kline] 428—C
Medical Writer's Association Prize: See Prizes
Osteopathic Association, A.M.A. resolution on committee to consult with, 892
Pharmaceutical Association celebrates 100th year, 227
Physicians: See Physicians
Public Health Association, (A.M.A. Bureau cooperates with, regarding accident prevention and television) 921; (to study regional medical care and health programs in U. S.) 1614
Red Cross: See Red Cross, American
students in foreign medical schools, [Manlove] *70; *125; 139—E
Trudeau Society (antibacterial therapy) 574—ab; (requests data on toxicity of pironiazid and isoniazid) 1130
AMERICAN MEDICAL ASSOCIATION
Advisory Committee on Policy, 1687; 1688
American Medical Education Foundation, (funds given to medical schools) 39; (Council report) *100; (report) 939; (the physician and) 1016—E; (state chairmen to meet) 1225; (donations) 1690
Annual Congress on Medical Education and Licensure, (Council report) 930
Annual Reports, November 1, 1952, page 888
Annual Sessions, dates and places, 1953-1955; 889; 1693
Archives: See subhead: Journals (special)
audiogram and hearing loss chart, [Fowler] *678
Board of Trustees, (report) 888; (to report on suitable site for permanent home for Washington Office) 890; (supplementary report) 1686; 1705
Bureau of Exhibits, ("Health—1952" exhibit available about Sept. 15) 421; (report) 922; 1686; (small exhibits for local use for sale by) 1225
Bureau of Health Education, (heart disease transcriptions available) 39; (rural health radio series available) 698; (report) 918; (interrelationships between medicine and education) 1687
Bureau of Investigation, (Mr. Hoxsey has setback) 54; (report) 918
Bureau of Legal Medicine and Legislation: See also Laws and Legislation, state, weekly summary; Medicolegal Abstracts at end of letter M
Bureau of Legal Medicine and Legislation, (fee splitting and income tax law) 511; (suggested course in legal medicine for medical schools) 697—E; [Regan & others] *716; (report) 914
Bureau of Medical Economic Research, (mortality trends in U. S., 1900-1949) 492—E; [Dickinson & Welker] *510; (report) 924; 1685
Chemical Laboratory, (report) 905

V 1
195

AMERICAN MEDICAL ASSOCIATION—Continued
Chicago Annual Session (1952) (Council report) 932
CIO "52 Facts on Politics" attacks, 1120—E; *1123
Clinical Sessions, dates and places, 1953-1955, 889
Committee: See also subheads: Joint Committee; Local Committee; Reference Committees; Special Committee
Committee for Survey of Medical Education (report) *101
Committee on Blood Banks, (report) 1696; 1698
Committee on Cosmetics, (list of products accepted) 98; (report) 904; (A.M.A. Chemical Laboratory cooperation with) 905; (Reference Committee report) 1684
Committee on Legislation, (report) 898
Committee on Lye Legislation, report on Federal Caustic Poison Law; committee discharged, [Jackson] 238—C
Committee on Medical Motion Pictures, (new medical films available to state and county medical societies through) 39; (report) 923
Committee on Medicolegal Problems, (suggested course in legal medicine for medical school) 697—E; [Regan & others] *716; (report) 914
Committee on Mental Health, (purpose; membership; Dr. Plunkett, secretary) 698; 889; (psychiatric communications privileged; opinion filed in case of Samuel Binder vs. Nathaniel S. Ruvell) 1241; (recommendation of licensure or certification of clinical psychologists) 1686; 1687
Committee on Pesticides (desires reports of cases of poisoning) 421; (report) 903
Committee on Research, (report, list of grants for research) 904
Committee on Rural Health: See subhead: Council on Rural Health
Committee to Study Problems of Motor Vehicle Accidents, resolution reactivating, 891; 1684
Constitution and bylaws, Council report on, 1694
Cooperation: See also subhead: Representatives
cooperation, Liaison Committee with American Legion, 1706
cooperation with various organizations, report of Board of Trustees, 888; 889; 1684
Coordinating Committee, terminating activities, statement by Dr. Henderson, 1695
Council on Constitution and Bylaws, 1694
Council on Foods and Nutrition, (report) 906
Council on Industrial Health, (American Academy of General Practice and, launch industrial health program) 421; (report) 906; 1685
Council on Medical Education and Hospitals, (52d report on medical education in the U. S.) *99; 139—E; (annual report of internships and residencies) *275; *282; 418—E; (corrections) 610; 1245; (positive approach to internship and residency problem) 419—E; (schedule for matching plan for internships) *279; *429; (annual report) 890; 925; (Section on Graduate Training report) 928; 1691; (Section on Hospital Service and Technical Schools, report) 929; 931; 1691; (collaboration with other agencies) 930; (election of new members to) 931; (Joint Statement with American Board of Anesthesiology) 1038; (opening large city hospital staffs to general practitioner) [Matlin] 1423—C; (continuation courses for physicians, Jan. 1, 1953-July 15, 1953) 1492—E; 1513; (statement of American Board of Surgery regarding emergency medical call service) 1622; (supplementary report) 1691
Council on Medical Service, (medical care for indigent in Shawnee County (Topeka) Kansas) 239; (mediation committees; voluntary health coverage; community health councils) 698; (annual report) 933; (medical care for indigent in Lake County (Gary) Indiana) 952; (medical care for indigent in Laramie County, (Cheyenne) Wyoming) 1334; (report and supplementary report) 1693
Council on National Emergency Medical Service, (survey of physicians discharged from military service) 39; (determination of order of priority of special registrants regarding deferments) 53; (status of USPHS officers under "Doctor Draft Law") 611; (annual report) 910; (statement by Dr. Sargent on "Doctor Draft Law") 1036; (report 1686; (directives for by A.M.A. Reference Committee) 1689
Council on Pharmacy and Chemistry; Committee on Research 6 articles on cancer diagnosis [Fremont-Smith & Graham] *587; [Cooper] *688; [Clerf & Herbut] *793; [Klopp & others] *856; [Saphir] *859; [Taylor & Slaughter] *1012
Council on Pharmacy and Chemistry, (experimental basis of combined antibiotic action) [Jawetz & Gunnison] *693; (new generic and brand names recognized by) 861; (report) 902; (polymyxin) 1219; (Reference Committee report) 1684
AMERICAN MEDICAL ASSOCIATION—Continued
Council on Physical Medicine and Rehabilitation: See also subhead: Physical Laboratory
Council on Physical Medicine and Rehabilitation, (history; objectives; purpose) [DeForest] *171; (F.C.C. rules for diathermy equipment) 487; (tentative minimal requirements for acceptance of resuscitators and inhalators) 695; (annual report) 906; (minimal requirements for acceptable speech audiometers) 1117; (Reference Committee report) 1685
Council on Rural Health, (meeting, February 27-28, 1953) 698; (report) 912
Council on Scientific Assembly, (report) 932; 1692
Denver Clinical Session, 220—E; (preparations for) 421; (program) 863; 942—E; (meeting places) 864; (registration) 864; (Local Committee on Arangements) 865; (entertainment) 865; (motion pictures) 880; (television) 1018; 1313—E; (proceedings) 1672—E; 1676; 1692; (registration) 1707
Department of Records and Circulation, 896
Directory and Biographical Division, 897
Dues: See subhead: Membership
1898 Session silver button, presented by Mrs. George W. Miel, 1707
Exhibits: See also subheads: Bureau of Exhibits; Scientific Exhibits; Technical Exposition
Exhibits of the Association, report, 923
Film Library: See subhead: Motion Picture Film Library
First Aid Manual, 698
Fund for Medical Education: See subhead: American Medical Education Foundation
General Practitioner's award to Dr. John M. Tracy—E; 1676
Health and Fitness Division, 920
Health Commission, A.M.A. resolution on appointing, 892; 1684
Henderson, W. L. (tribute to) 1681; (statement on terminating activities of Coordinating Committee) 1695
Holding Corporation for Patents proposed, 889; 1684
House of Delegates, (membership) 866; (resolution on paying expenses of section delegates) 892; (Standing Committees) 892; (minutes) 1676; (address of Speaker, Dr. Reuling; employ parliamentarian, presentation of resolutions and motions, tables for members) 1676; 1692; (resolution on funding of policies) 1704; (resolution on seating members) 1702; (list of standing committees of) 1684
Hygeia: See subhead: *Today's Health*
Internships approved by, *282; (correction) 610; 1245
Invocation by Rabbi C. H. Kauvar at Denver Clinical Session, 1676
Joint Committee on Health Problems in Education, A.M.A. Bureau cooperation with, 921
Journal (if you change your address) 421; 1018; (report) 893; 1684
journals (special), report, 894
Judicial Council (resolution on permanent records of) 892; 1684; 1687; 1688; (report) 1706; 1707
Laboratories (report), 905
Liaison Committees: Organizations: See subheads: Cooperation; Representatives
Library, (report) 895
Local Committee on Arrangements, Denver Clinical Session, 865
Los Angeles Clinical Session, 1951, (Council report) 932
Medical Public Relations Conference, (Fifth Annual) program, Dec. 1, 1952, 1224
Medical PR Institue (first) in Chicago, 495
medical schools in U. S. approved by, *106; *107; *131
membership, (report) 888; (uniform types of membership) 891
Membership and Subscription Division, 896
membership dues, rate of compensation for billing or collection of, 1689
membership (retired) to Dr. Loomis, A.M.A. resolution on, 1700
Memorial Stone, history of in interior wall of Washington Monument (1855-1887) 1225
Miami Clinical Session in December, 1954, 1693
Microbiologic Section Laboratory, 905
Motion Picture Film Library, List of Pictures Reviewed: See Moving Pictures, Medical
Motion Picture Library, new films added, 941; 1143
motion pictures at Denever Clinical Session, 880
National Conference on Trichinosis, 698; 888; 1412; 1685
National Education Campaign, (Whitaker and Baxter resign from) 494; (President Bauer's Page discusses) 799
New York Annual Session: 1953, 494; (General Chairman for) 889; (Scientific Exhibi) 1018; 1692
of Vienna, (1904-1940), reorganized as American Medical Society of Vienna, 145; [Kline] 428—C
AMERICAN MEDICAL ASSOCIATION—Continued
Officers, (list of) 863; (reports) 888, Nov. 1, 1952
Package Library, (report) 895
Periodical Leading Service, (report) 895
Physical Laboratory (new) at headquarters, 39; [DeForest] *171; 906
President Bauer (replies to President Truman on socialized medicine) 495; (address at Denver Clinical Session) 1678
President's page, (monthly message), 420; 799; 1314; 1675
press relations with newspapers and magazines, 900
Proceedings of Denver Clinical Session, 1676, Dec. 27, 1952.
Program of Denver Clinical Session, 863; 942—E, Nov. 1, 1952
psychologists (clinical), licensure or certification of, 891
Public Relations Department: See also subhead: Medical Public Relations
Public Relations Department, (President's page) 420; (annual report) 900
publications (recent), list of, 1225
Pugh (Lester), A.M.A. reply to unjustified criticism, 1312—E
Quarterly Cumulative Index Medicus, (report) 896
radio, new electrical transcriptions, (Bureau report) 919
recognizes and approves only one certifying board in each specialty, 1705
Reference Committee on Amendments to Constitution and Bylaws (report) 1695; 1705
Reference Committee on Credentials (report) 1676
Reference Committee on Hygiene and Public Health (report) 1685; 1687; 1698; 1703
Reference Committee on Industrial Health (report) 1685; 1702
Reference Committee on Insurance and Medical Service (report) 1689; 1690; 1694; 1699; 1704
Reference Committee on Legislation and Public Relations (report) 1686; 1688; 1699; 1701; 1703; 1704
Reference Committee on Medical Education and Hospitals (report) 1686; 1689; 1691; 1699; 1702; 1703; 1706
Reference Committee on Medical Military Affairs (report) 1686; 1689; 1701; 1703; 1705
Reference Committee on Miscellaneous Business (report) 1698; 1699; 1700; 1703; 1705; 1707
Reference Committee on Reports of Officers (report) 1678; 1680; 1683; 1684; 1688
Reference Committee on Sections and Section Work (report) 1686; 1693
Reference Committees of House of Delegates, (list of members) 1122; 1677
registration at Denver Clinical Session, 1707
Report of Trustees, November 1, 1952, page 888
Representatives: See also subhead: Cooperation
representatives at Charleston Conference on Medical Care in Bituminous Coal Mine, 495
residencies and fellowships according to specialities approved by, *301; (correction) 610; 1245
resolution on appointments of Health Commission of A.M.A., 892; 1684
resolution on care of veterans and report of Special Committee on Federal Medical Services, 892; 1689
resolution on change in name of grievance committee, 1698
resolution on committee to consult with American Osteopathic Association, 892
resolution on concerted grass roots action against socialism, 1699
resolution on continuing Civilian Medical Advisory Committees in Executive Departments of Federal Government, 1688
resolution on continuing special pay for medical and dental officers of armed forces, 1703
resolution on cooperation between medical and dental professions, 891
resolution on definition of medical and dental services, 1703
resolution on disapproving participation in scientific experiments by inmates of penal institutions, 1699
resolutions on funding of policies of House of Delegates, 1705
resolution on health activities of U. S. Government, 1703
resolution on insurance reporting forms, 1705
resolution on International Labour Organization attempt to socialize medicine, 892; 1684; 1701
resolution on international treaties and covenants, 898; 1704
resolution on inequalities and injustices in internships and residencies, 1702
resolution on lay speakers at A.M.A. conferences and meetings, 1709

AMERICAN MEDICAL ASSOCIATION—Continued
resolution on local care of service-connected disabilities, 1704
resolution on medical care for dependents of service personnel, 1703
resolution on medical relations in workmen's compensation, 890
resolution on National Advisory Committee to Selective Service, 1701
resolution on naval and Selective Service procurement of physicians, 1700
resolution on Negro physicians in North Carolina, Old North State Medical Society, 1681; 1684
resolution on participation of specialists in emergency medical service, 891
resolution on permanent records of Judicial Council, 892;1684; 1687; 1688
resolution on physicians' malpractice insurance, 1699
resolution on priority 3 doctors; wasteful use of medical personnel, 1701
resolution on private general practice as prerequisite for specialty board certification, 1703
resolution on problems of accrediting nursing schools, 1699
resolution on professional liability insurance, 1698
resolution on providing funds to defray expenses of Section delegates, 892
resolution on public law 779, Doctor-Draft Law, 1701; 1705
resolution on reactivation of Committee on Motor Vehicle Accidents, 891; 1684
resolution on Reed-Keogh bills, 892; 1684
resolution on reduction in number of required meetings, 1700
resolution on relationships between physicians and lay technical workers, 1702
resolution on responsibility of U. S. Government in medical care of the citizen, 1701
resolution on retired membership for Dr. J. L. Loomis, 1700
resolution on right of U. S. employees to obtain personal physician, 1702
resolution on seating of House of Delegates, 1702
resolution on suspension of call-up physicians under Doctor-Draft Law, 1705
resolution on training of general practitioner, 1701
resolution on utilization of personnel in health fields, 1709
resolution on veteran as respected and independent citizen of nation, 1704
resolutions, rules for presenting, [Reuling] 1677
St. Louis Clinical Session, in 1953, 1693
Scientific Exhibit, (Denver Clinical Session) 874; (Chicago Annual Session) 922; (Los Angeles Clinical Session) 922; (New York Annual Session) 1018; (British Medical Association-Irish Medical Association have exhibit similar to) 1419
Scientific Program, Denver Clinical Session, 867
Secretary, report, 888; 1683
Section on Dermatology and Syphilology, (chairman's address) [Lynch] *14
Section on Experimental Medicine and Therapeutics, (symposium on diabetes) [Ricketts] *959; [Rippy] *961; [Keiding & others] *964; [Friedenwald] *969; [Stetten] *971; (symposium on use of chemotherapeutics and antibiotic agents) [Romansky & Kelser] *1447; [Herrell] *1450; [Hughes *1456; [Nesbit & Baum] *1459; [Altemeier & Largen] *1462
Section on Laryngology, Otology and Rhinology, (chairman's address) [McCaskey] *87; (federal caustic poison law) [Jackson] 238—C
Section on Military Medicine, (chairman's address), [Casberg] *1
Section on Nervous and Mental Diseases, (chairman's address), [Douglass] *1061
Section on Ophthalmology, (presented prize to Dr. Arthur J. Bedell) 40; (chairman's address) [Dunphy] *169
Section on Pediatrics (symposium on present status of corticotropin, cortisone and allied substances), [Bunim & others] *1273; [Stickney & Mills] *1278; [Boland] *1281; [Riley] *1288
Section on Physical Medicine and Rehabilitation, (chairman's address), [Rusk] *837
Section on Radiology, (chairman's address), [Lockwood] *435
Sections, (list of delegates, Denver Clinical Session) 867; (resolution on paying expenses of delegates) 892
services of, offered President-Elect Eisenhower, [Bauer] 1680
Special Committee on Federal Medical Services, (report) 892; 1689; (President's page) 1675
STANDARD NOMENCLATURE OF DISEASES AND OPERATIONS, report on 4th edition, 895
statement on Doctors-Draft Law, 1688
AMERICAN MEDICAL ASSOCIATION—Continued
statement on participation in election campaigns; donations; federal election laws, 493
Student A.M.A., (launches campaign for honorary membership) 421; (annual meeting, Dec. 29-30, 1952) 698; (annual report) 940; (delegate at Denver Clinical Session) 1683
Symposium: See subhead: Section on Experimental Medicine and Therapeutics; Section on Pediatrics
Technical Exposition, Denver Clinical Session, 882
television, (S.K.F. telecast of annual convention) 39; (of Denver Clinical Session) 873; 1018; 1313—E
Today's Health, (ordered by many firms for their employees) 421; (report) 894; (college students required to read) 1225; (Reference Committee report) 1684
Trustees: See subhead: Board of Trustees
Washington Office, Summary of Federal Legislation: See Laws and Legislation, federal, weekly summary
Washington Office, (suitable site for permanent home for) 890; (new director: Dr. Frank E. Wilson; general services; publications) 897; (Reference Committee report) 1684
Washington property, (Reference Committee report) 1684
West (Olin), (portrait) 594; 889; 1684; (death) 888
Whitaker and Baxter Advertising Campaign: See subhead: National Education Campaign
Woman's Auxiliary: See Woman's Auxiliary
AMETHOPTERIN
treatment of leukemia, [Sturgis] *1554
treatment of leukemia in children [Stickney & Mills] *1279
AMIDRYL: See Diphenhydramine
AMINO ACIDS
biosynthesis of hemoglobin, 1223—E
renal amino-aciduria, [Harper] 1531—ab
p-AMINOBENZOIC ACID: See Acid
AMINOPHYLLINE
intravenously, vs. visammin as bronchodilator, [Snider & others] *1400
N.N.R., (Browman; Evron) 1405
AMINOPTERIN
treatment of leukemia, [Sturgis] *1554
treatment of leukemia in children, [Stickney & Mills] *1279
AMITHIOZONE (conteben; myrizone; TB 1; tibione)
treatment of leprosy, [Schujman] 246—ab
treatment of tuberculosis in Fitzsimons Army Hospital, [Tempel] *1165
AMMONIA
hydroxide, chemical pneumonitis from exposure to anhydrous ammonia, 1358
AMMONIUM COMPOUNDS
for nerve blocking in intractable pain, [Bonica] *1584
Tetraethyl—: See Tetraethylammonium
AMNIOTIC FLUID
amniotic emboli cause sudden death? [Tunis] 1145—ab
aspiration in newborn, [Munck] 1642—ab
maternal death and amniotic embolism, [Studder] 1146—ab
pulmonary embolism by, 943—E
AMODIAQUINE (camoquin)
treatment of malaria, [Singh] 1435—ab
AMPHETAMINE: See also Dextroamphetamine
contraindicated in mild epilepsy, 434
sulfate in barbiturate poisoning, [Dick] 1626—ab
use in weight reduction, 1645
AMPUTATION: See also Limbs, Artificial
conservative, in arteriosclerosis [Flasher] 823—ab
in foot lesions of diabetic, [Miller] *850
in thromboangiitis obliterans, Turkey, 1716
interinnomino-abdominal operation, [Gordon-Taylor] 521—ab
of leg for mycetoma or madduromycosis, [Baker] *1579
phantom limb pain, management of intractable pain, [Bonica] *1586
stump, dermatitis of lower limb, [Schamberg] *1633
AMYLASE in Blood: See Blood
AMYLOID
tumor of bladder, [Poutasse & Fisher] *96
ANALGESIA: See also Anesthesia; Pain, relief of
Block: See Nerves, block
visceral, in tabes dorsalis; "silent" perforated ulcer, [Grimble] 1049—ab
ANAPHYLAXIS: See Allergy
ANASTOMOSIS: See Arteries, pulmonary; Portal Vein; Veins, jugular
ANATOMY
Morbid: See Pathology
revision of nomenclature, [Corner] 153—C
ANCYLOSTOMIASIS
in infants: W. C. Davison treatment, 1361
ANDROGENS
effects from using ACTH and cortisone, [Boland] *1287
ANDROGENS—Continued
testosterone treatment of Addison's disease, [Rogoff] 1333—C
testosterone treatment of decubitus ulcers, [Langston] 1152—ab
toxicity, jaundice due to methyltestosterone, [Wood] *1184
treatment induce cancer? 736
treatment of advanced breast cancer, [Douglas] 161—ab
treatment of hypopituitarism due to syphilis, [Oelbaum] 1438—ab
treatment of impotence in diabetics, 1361
ANEMIA: See also Anemia, Pernicious
acute, in stevedore, 1059
aplastic, after chloramphenicol treatment, [Hawkins; Wolman] 1543—ab
aplastic, clotting tests in, [Friedman & others] *83
aplastic, platelet transfusions and pathogenesis of idiopathic thrombocytopenic purpura, [Sprague & others] *1193
chronic, secondary, functions of kidney and liver in, [Ferrari] 1433—ab
classification, Chile, 810
etiology: mycotic aneurysm of circle of Willis, [Rathmell & others] *555
febrile, in spleen tuberculosis: splenectomy and streptomycin cures, [Ravina] 1053—ab
hemolytic, acquired, diagnosis; treatment, [Sacks & others] *1356
hemolytic, ACTH and cortisone treatment in children, [Stickney & Mills] *1279
hemolytic acute, from sulfapyridine; corticotropin fails to prevent, [Gilbert & Arnold] *95
hemolytic, corticotropin and cortisone for, [Meyers] 1536—ab
hemolytic, corticotropin and Rh-negative mother, (reply) [Hunter] 1550
megalocytic deficiency, fresh endive cures, [Veeneklaas] 1154—ab
myelophthisic, related to leukocyte changes, [Lawrence & others] *459
normocytic and macrocytic, of Morgagni-Laennec cirrhosis, [Falzoy] 1543—ab
resembling pernicious anemia in children, [Brugio] 61—ab
sickle cell, [Ehrenpreis] 1146—ab
sickle cell, and tuberculosis, [Weiss] 431—ab
sickle cell, dangers of nitrous oxide anesthesia for Negroes with, Paris, 1240
Splenic: See Gaucher's Disease
Splenic (Banti's Disease): See Splenomegaly
treatment, transfusion cell mass in rheumatoid disease, [Garry] 615—ab
ANEMIA, PERNICIOUS
anemia resembling, in children, [Brugio], 61—ab
treatment in patient sensitive to vitamin B_{12}, 1058
treatment, liver and vitamin B_{12} compared in, [Blackburn] 1435—ab
treatment, prolonged vitamin B_{12}, [Conley] 1719—ab
treatment, single massive dose of vitamin B_{12} in untreated case, [Walker] 1728—ab
ANESTHESIA: See also Medicolegal Abstracts at end of letter M
conference, Mass., 1495; 1708
deaths, nursing unconscious patient in faulty position cause of, 541
department (new) at U. of Wisconsin, 1129
ether, thiopental sodium combined with: effect on respiratory minute volume, [Paulson] *983
ethylene and cyclopropane, (reply) [Murphy] 168
general, for tonsillectomy, [Eather] 1726—ab
general, with barbiturates, Turkey, 1716
head lowering effect on hypotension on operating table; type of anesthetic used, (Cole) *273
in hyperthyroidism, [Turner] 731—ab
in labor; Infiltration Anesthesia in the First Stage of Labor (film review), 611
in labor, preventing patient's delivering at her appointed time a deplorable practice, 166
in young children, 1306—ab
induced hypotension in radical surgery, [Boyan] 726—ab
infection from anesthetizing apparatus, [Goodman] 428—C
intracaine, subcapsular injection for scapulocostal syndrome [Russek] *25
local, combined sciatic and femoral nerve block, [Moore] *538
local, with antihistamines for urethral manipulation, [Fitzpatrick & others] *1092
muscle relaxants (synthetic) in, [Foldes & others] *1559
nitrous oxide, danger in Negroes with sickle cell anemia, Paris, 1240
preparing patients for peroral endoscopy, [Olsen & Pender] *812
spinal, continuous, in vascular injury, [Ansbro] 1040—ab
spinal, detergent injected with, neurologic symptoms after, [Winkelman] 1042—ab
spinal, immediate complications, [Dwyer] 160—ab
spinal, neurological manifestations after, [Michelsen] 248—ab
Wilkins Memorial Library, contributions for, 1229

V 1
195

ANESTHESIOLOGY
American Board of: See American Board
ANEURYSM
aortic, "pack" method of intrasaccular wiring for, [Linton] 517—ab
aortic, perforation into superior vena cava, [Jackson & others] *1106
mycotic, of circle of Willis, [Rathmell & others] *555
ANGINA
Agranulocytic: See Agranulocytosis, Acute Monocytic: See Mononucleosis, Infectious
ANGINA PECTORIS
prognosis, observations in 6,882 cases, [Block & others] *259
treatment, khellin (visammin) [Nalefski] 720—ab
ANGIOCARDIOGRAPHY: See Cardiovascular System
ANGIODIACTIN
new vasodilator substance 1031
ANGIOGRAPHY: See under Arteries
ANGIOLOGY: See Blood Vessels
ANGIOMA: See Hemangioma
ANGIORETICULOMA
cerebellar, [Olivecrona] 1150—ab
ANGIOSPASM: See Raynaud's Disease
ANHYDROHYDROXYPROGESTERONE (Pranone)
treatment in Rh-sensitized pregnant women, [Holmstrom] 156—ab
ANILINE
pencils, accidents to eyes from, fluorescein solution for: [Hosford & Smith] *1482
poisoning in 41 infants from laundry inks, [Rodeck] 1638—ab
ANIMAL EXPERIMENTATION: See also Medicolegal Abstracts at end of letter M
dogs for research, 804
state legislation, (Bureau report) 917
ANIMALS: See also under names of specific names of animals as Cats; Chickens; Dogs; Rabbits; Rats
diseases, U. S. Dept. of Agriculture notice to laboratories and others studying, 1327
Experimentation on: See Animal Experimentation
functional regeneration after transecting spinal cord in, [Freeman] 1427—ab
leptospiroses in: diagnostic agglutination or complement fixation test; treatment, 1406—E
source of respiratory tract suppuration due to Pasteurella multocida, [Olsen] 819—ab
Wildlife Disease Association, [Herman] 52—C
ANKYLOSTOMIASIS: See Ancylostomiasis
ANNUAL Conference: Congress: See American Medical Association
ANOREXIA: See Appetite
ANOXIA: See Oxygen deficiency
ANTABUSE: See Disulfiram
ANTAZOLINE PHOSPHATE (antistine)
in blood transfusion, [Alfonsi] 830—ab
N.N.R., (description) 1220; (Ciba) 1220
ANTIBACTERIAL SUBSTANCE
in human semen and prostatic fluid, [Taylor] 619—ab
therapy in tuberculosis, current status, [Carr] *1170
ANTIBIOTICS: See also Aureomycin; Bacitracin; Chloramphenicol; Neomycin; Penicillin; Streptomycin; Terramycin
A. M. A. Section Symposium on (in infections of respiratory tract) [Romansky & Kelser) *1447; (in blood stream and heart infections) [Herrell) *1450; (in gastrointestinal diseases) [Hughes] *1456; (in genitourinary tract infections) [Nesbit & Baum) *1459; (infection of skeletal system) [Altemeier & Largen] *1462
antagonism, 677—ab
blood clotting and, [Miller] 827—ab
combined action, experimental basis, (Council article) [Jawetz & Gunnison] *893
combined action of groups, [Jawetz] 1531—ab
erythromycin ("Ilotycin"), [Heilman] 1044—ab; [Haight] 1430—ab
sensitivity tests, value in medication in otitis externa; 1406—E
Streptococcus viridans sensitive to various antibiotics after massive penicillin therapy, [Ahern & Kirby] *34
Treatment: See also Bacteremia; Colitis, amebic; Bones, skeletal infections; Endocarditis; Gastrointestinal Tract diseases; Genito-urinary Tract infections; Heart, infections; Mumps; Respiratory System, infections
treatment (combined) of subacute infectious endocarditis, [Donzelot] 832—ab
treatment plus sulfoxazole in Hemophilus influenzae meningitis, [Lepper] 430—ab
treatment, untoward effects, Italy, 695
treatment, vitamin deficiencies after, 627
ANTIBODIES: See also Agglutinins
development of, in Q fever, [Lennette] 246—ab
Rh: See Rh Factor
to transfused platelets and thrombocytopenic factor, [Sprague & others] *1193
ANTICOAGULANTS: See Bishydroxycoumarin; Blood coagulation; Heparin
ANTIGENS: See Antibodies
Rh: See Rh Factor
ANTIHISTAMINES: See also under specific names
as local anesthetic agents for urethral manipulation, [Fitzpatrick & others] *1092
in blood transfusion, [Alfonsi] 830—ab
topical use, [Ellis & Bundick] *773
treatment of sensitivity to cold, 1549
ANTI-INFECTIVES: See Disinfection; Sterilization, Bacterial
ANTI-LEWISITE, British: See BAL
ANTIMICROBIAL AGENTS: See Antibacterial Substance; Antibiotics
ANTISEPSIS
intestinal, modern concepts of, [Poth] 215—ab
ANTISEPTICS: See Disinfection; Sterilization, Bacterial
ANTISTINE: See Antazoline
ANTRENYL Bromide: See Oxyphenonium Bromide
ANUS: See also Hemorrhoids; Rectum
Artificial: See Colostomy
pain, [Hill] *579
perianal irritation due to aureomycin; Mitzer prevents with vitamin B12, folic acid, and ferric ammonium citrate, 627
ANXIETY
Neurosis: See Neurosis
AORTA
abdominal aortography and renal diagnosis, [Palmiér] 1254—ab
Aneurysm of: See Aneurysm
coarctation in infancy, surgery for, [Kirklin] 1538—ab
coarctation, surgical treatment, [Dry] *19
descending, roentgen localization with polyvinyl catheter; use in infant with tetralogy of Fallot before performing Potts-Smith-Gibson operation, [Zinsser & others] *1200
Embolism: See Embolism
AORTIC ARCH
anomalies, surgery for, [Dry] *20
rupture, chest injury causing, [Summers] 160—ab
AORTIC VALVE
disease, surgery for, [Dry] *24
rupture, [Bean & Mohaupt] *92
stenosis, manifested as chronic cor pulmonale, [Soloff & others] *1111
stenosis, surgical technic using new umbrella-like dilator and wire guide, [Bailey & others] *1647
AORTOGRAPHY: See Aorta
APHTHAE, Epizootic: See Foot and Mouth Disease
APNEA
during anesthesia and various muscle relaxants, [Foldes & others] *1562
APOPLEXY: See Abdomen hemorrhage; Brain hemorrhage
APPARATUS: See also Braces; Diathermy; Hearing Aids; Instruments
anesthetizing, infection from, [Goodman] 428—C
electrical, explosion-proof, 434
extracorporeal oxygenation with oxygenator-pump (heart-lung machine) [Helmsworth & others] *451
face shield with mirror riveted to head piece for bronchoscopic examination in tuberculous patient, [Weirich] *1306
flow regulator for intravenously administered fluids, [Mahuron] 1035—C
footrest device for exercising lower extremities in bed, [Smigel & Gibson] *587
for facilitating colostomy irrigation, [McSwain] *1115
for immobilizing upper extremity during intravenous therapy, [Knox & others] *685
for producing hyperventilation by rebreathing through linked conduits from anesthesia machine for hiccups, [Cigot & Flynn] *762
mechanical cough chamber and exsufflator, [Barach & others] *1380
statistics on appliances supplied free under National Health Service, London, 1508
temporary mechanical substitute for left ventricle in man, [Dodrill & others] *642
to obtain samples of gastric tissue for cytological study, [Cooper] *691
APPENDECTOMY
abdominal pain after, (reply) [Taubenhaus] 66
fecal fistula after, 1267
file of hospital tissue committee, [Weinert & Brill] *993
muscle relaxants in, [Foldes & others] *1561
APPENDICITIS
acute, during menstruation, [Lesi] 1634—ab
acute, in geriatric patients, [Carp] 512—ab
acute, in young child, [Dennison] 520—ab
acute, overlooked cause of mortality, [Sciorsi] 1045—ab
chronic, or painful ovary? [Patton] 1247—ab
APPENDIX
cancer, primary adenocarcinoma, [Lawton & Ehrlich] *189
Excision: See Appendectomy
APPETITE
anorexia nervosa, (reply) [Leavitt] 168
APRESOLINE: See Hydralazine Hydrochloride
ARALEN: See Chloroquine
ARCHIVES of A.M.A.: See American Medical Association, Journals (special)
ARGENTINE
Congress of Thoracic Surgery (first) 1031
ARGYLL ROBERTSON Syndrome: See Pupils
ARM: See Arms
ARMED FORCES: See also Army; Aviation, U. S. Air Force; Korean War; Navy; World War II; Medicolegal Abstracts at end of letter M
identification of medical and religious personnel, Belgium, 604
Medical Library, (photography in acquisition procedures at) 948; (Friends of Armed Forces Medical Library organized) 1503
medical officers, A.M.A. resolution on continuance of special pay for, 1703
medical officers, equalization pay for, 898
medical officers for, A.M.A. statement, 1688; 1689
medical personnel, A.M.A. resolution on wasteful use of, 1701
Medical Policy Council, [Casberg] *1; (goes to Europe) 708
medical services, opportunities in, [Bauer] 1630
reserves, pre-medical students, medical students, interns, residents, and faculty members, (Council report) *103
ARMOR
body, and wound ballistics, [Holmes] *73
ARMS: See also Extremities; Fingers; Hand; Radius; Shoulder; Ulna; Wrist
apparatus for immobilizing, during intravenous therapy, [Knox & others] *685
Artificial: See Limbs, Artificial
lymphedema after mastectomy, gelfoam rolls to prevent, [Treves] 1343—ab
pain in arm, 836
sling, simplified, [Karfiol] *686
ARMY, UNITED STATES: See also Armed Forces; Aviation, U. S. Air Forces; Korean War; World War II
Camp Gruber pneumonitis, Histoplasma capsulatum isolated from soil, [Furcolow] 1014—ab
course in clinical pathology, 1327
Hospitals: See Hospitals
medical instructors conference, 1614
Medical Library: See Armed Forces
Medical Service Graduate School, (5 day atomic medicine course) 1137; (leptospirosis in man and animals) 1327; 1406—E
Medical Service, helicopter ambulance units, 1503
medicine in Europe, [Duncan] 153—C
prisoners to receive awards in experiments on malaria, 603
symposium (5-day) at Fort Sam Houston, Tex., 708; 1503
syphilis biologically false positive tests, [Moore & Mohr] *467
ARRHENOMIMETIC Phenomenon: See Virilism
ARRHYTHMIA: See also Tachycardia
extrasystoles, 1361
extrasystoles, premature heart beats, incidence in 1,000 patients, [Master] *195
ARSENIC
poisoning (chronic) from asthma remedy containing Fowler's solution, [Silver & Wainman] *584; [Pelner] 1511—C
treatment of eosinophilic pneumopathy syndrome, [Engel] *1200
treatment of leukemia, [Sturgis] *1553
ARSPHENAMINE: See Neoarsphenamine
ART: See also Physicians, avocations
collection of medical pictures at Duke University, 1607
medical illustrators meet in St. Louis, 227
ARTERENOL (nor-epinephrine)
use during and after operations, [Bergmann] 832—ab
ARTERIES: See also Aorta; Blood Vessels; Ductus Arteriosus; Veins
Aneurysm: See Aneurysm
calcification, control diabetes to prevent, [Kelding & others] *964
carotid, anastomosis with jugular vein in cerebral palsy, [Battezzati] 1436—ab
carotid, blood transfusion into, in cranial direction, [Dogliotti] 1052—ab
carotid, percutaneous angiography, [Petit-Dutaillis] 1438—ab
Cerebral: See also Arteriosclerosis, cerebral; Thrombosis, cerebral
cerebral angiography in intracranial, subtentorial hematomas, [Petit-Dutaillis] 523—ab
cerebral arterial shunt, [Browne] 1039—ab
Coronary: See also Angina Pectoris
coronary, arteritis; role in coronary artery disease, [Zak] 1535—ab
coronary circulation, cholesterol disturbance of, [Trivella] 1159—ab
coronary disease, diet in, 835
coronary disease, Gofman test for, 1646
coronary disease, shoulder disabilities with, [Cady] 827—ab
coronary disease, tobacco smoking as etiological factor [Dolgoff] 1536—ab
coronary insufficiency, surgery for, [Dry] *24
coronary insufficiency, tests for, (reply) [Weinstein] 168
Coronary Occlusion: See also Thrombosis, coronary
coronary occlusion, heart pain, 1359
coronary occlusion, postoperative complication of major surgery, [Wróblewski & LaDue] *1212

ARTERIES—Continued
coronary occlusion, relief of pain in, 958
coronary, transection during valvular commissurotomy, [Lane] 1628—ab
Disease (obliterative): See Thromboangiitis obliterans
Embolism: See Embolism
Fistula: See Fistula, arteriovenous
femoral, embolectomy, Cook County Hospital, 1946-1951, [Klingensmith & Theis] *1393
hypertensive substance originates in [de la Barreda] 523—ab
iliac, embolectomy, Cook County Hospital, 1946-1951, [Klingensmith & Theis] *1393
Inflammation: See Arteritis; Endarteritis; Periarteritis
Injection into: See Blood Transfusion, intra-arterial
ligation of hepatic and splenic, for hematemesis in portal cirrhosis, [Knepper] 826—ab
ligation of hepatic, in liver cirrhosis, [Chenoweth] 513—ab
ligation of hepatic, splenic and left gastric in portal cirrhosis, [Herman] 1145
palpation (feeling the pulse) not reliable estimation of blood pressure, [Cole] 724—ab
Pressure in: See Blood Pressure
Pulmonary: See also Arteriosclerosis, pulmonary; Embolism, pulmonary
pulmonary-aorta anastomosis (Potts-Smith-Gibson operation) in infant, X-ray localization of descending aorta before, [Zinsser & others] *1200
pulmonary (right), congenital absence, angiocardiographic diagnosis, [Madoff] 1252—ab
renal arteriography (percutaneous transfemoral) [Hooks] 1045—ab
Sclerosis: See Arteriosclerosis
Surgery: See also under names of specific arteries
surgery, replace resected arteries with vein grafts in arteriosclerosis [Julian] 1537—ab
ARTERIOGRAPHY: See Arteries, renal
ARTERIOSCLEROSIS
American Society for Study of, 1023
blood serum lipoproteins and arteriosclerosis, Gofman test, 1646
cerebral, psychosis with, [Madden & others] *1569
obliterans, and thromboangiitis obliterans, [Leão] 832—ab
pulmonary, primary, [Parmley] 1246—ab
treatment, conservative amputation, [Flasher] 823—ab
treatment, direct surgery, [Julian] 1537—ab
treatment, thyroxin and 2, 4 dinitrophenol effect in cholesterol atherosclerosis, [Bainborough] 1532—ab
ARTERITIS: See also Endarteritis; Periarteritis
acute and subacute, granulomas due to penicillin sensitivity, [Waugh] 512—ab
Coronary: See Arteries, coronary
cranial, [Robertson] 1545—ab
ARTHRITIS: See also Gout; Rheumatism
acute purulent, chemotherapy and antibiotics for, [Altemeier & Lanza] *1465
Atrophic or Chronic: See Arthritis, Rheumatoid *following*
Degenerative: Hypertrophic: See Osteoarthritis
effect of humidities and barometric pressures at various floor levels, 828
electric blankets will not increase susceptibility to, 736
in diabetics: treatment with cortisone or corticotropin, 524
Neuropathic: See Charcot's Joints
ochronotic, cortisone in, [Cope & Kassander] *997
Reiter's syndrome, corticotropin in, [Goldeck] 1547—ab
Reiter's syndrome, prostatovesiculitis, abacterial infectious pyuria, [Romanus] 1545—ab
Research Institute (new), 230
treatment, betaxyamine (betaine-glycocyamine combination), 592—E
treatment, cortisone in painful and ankylotic periarthritis of shoulder, Paris, 1240
treatment, procaine hydrochloride and procaine amide hydrochloride, [Traut] *785
tuberculosis, streptomycin, PAS, vitamin A, and vitamin D for, Italy, 1033
ARTHRITIS, RHEUMATOID
chronic polyarthritis, thyroid implantation in, [Mandl] 1440—ab
complications: anemia, transfuse red cell mass in, [Garry] 615—ab
Felty's syndrome, ulcers of leg in, [Schoch] 1625—ab
in children, cortisone and corticotropin for, [Bunim & others] *1273
of the hip, Italy, 1616
treatment, corticotropin and/or cortisone, [Fischer] 1354—ab
treatment, corticotropin, limits and failures, [de Sèze] 1353—ab
treatment, cortisone, long-continued, [West] 1729—ab
treatment, intra-articular injection of hydrocortisone (Compound F) [Stevenson] 1154—ab; [Ensign] 1725—ab
treatment, long-acting corticotropin, [Lamar] 1538—ab
ARTHRITIS, RHEUMATOID—Continued
treatment, multipurpose brace: useful adjunct in rehabilitation, [Noe] *687
treatment, phenylbutazone (butazolidin), [Stephens & others] *1084
treatment, phenylbutazone (butazolidin), untoward effects, [Granirer] 1332—C
treatment, phenylbutazone, compared with butapyrin, [Steinbrocker & others] *1087
treatment, pregnancy plasma, 1058
treatment, procaine hydrochloride and procaine amide hydrochloride, [Traut] *785
treatment, quinacrine hydrochloride, Norway, 1421
treatment, sodium gentisate, [Rosenberg] 719—ab
ARTHROPATHY, Charcot's: See Charcot's Joints
ARTIFICIAL
Circulation: See Blood circulation
Heart: See Heart
Kidneys: See Kidneys
Limbs: See Limbs, Artificial
Pneumoperitoneum: See Pneumoperitoneum
Pneumothorax: See Pneumothorax, Artificial
Respiration: See Respiration
Teeth: See Teeth
ASCARIASIS
children, who passed single roundworm in their feces, 1164
ASCITES
treatment, radioactive colloidal gold, [King] 1720—ab
ASCORBIC ACID: See Acid, ascorbic
ASHFORD Award: See Prizes
ASPERGILLUS
aspergilloma causing bronchiectasis, [Monod] 836—ab
infections among industrial workers, Norway, 1331
ASPHYXIA: See also Carbon Monoxide
Local: See Raynaud's Disease
membrane in lungs of liveborn infants, [Tregillus] 1156—ab
ASPIRATION: See Amniotic Fluid; Bone Marrow; Pus
Menaldi's Endocavitary: See Tuberculosis of Lung
Pneumonia from aspirating Oil: See Pneumonia, lipid
ASSOCIATION: See also American Medical Association; Societies, Medical; Medicolegal Abstracts at end of letter M; Societies at end of letter S
of American Medical Colleges, (Committee for Survey of Medical Education sponsored by A.M.A.-fund) *191; (statistics on number of medical applicants vs. students enrolled) *119
of Connecticut Tumor Clinics Prize: See Prizes
ASTEROL
dihydrochloride, convulsions after, [Featherston *1006
dihydrochloride, neurotoxic symptoms after, [Hitch] *1041
ASTHENIA: See also Fatigue; Myasthenia
"jitter legs," 1446
neurocirculatory, frequency in 1,000 patients, [Master] *195
Pseudobulbar: See Myasthenia gravis
toxic encephalopathy occurring during topical therapy, [Wilson & others] *1002
ASTHMA
Asthmatic Children's Aid Histochemistry Laboratory, Illinois, 899
bronchitis, arsenotherapy in eosinophilic pneumopathy syndrome, [Ensign] *1205
complications: bronchial infection, [Kourilsky] 830—ab
death in, [Waizer] 616—ab
hidden or unsuspected bronchiectasis in, [Overholt] *438; ("Overholt pulmonary syndrome,") [Friedman; Wallbott] 1512—C
infectious factors in, [Chobot] *1481
intrinsic origin, 1198—ab
masked and pseudo-asthma, [Green] 431—ab
roentgen technique using forced inspiration and forced expiration, [Jiménez Díaz & others] *1297
tobacco smoking and, [Peters] 1540—ab
treatment, [Unger & Unger] *562; (corrections) 1131; 1231
treatment, corticotropin, adrenal cortical function evaluated in, [Johnsson] 727—ab
treatment, danger of using morphine; prevent "nasal-descending asthma" with penicillin, sulfonamide or aureomycin, [Engelsher] 1510—C
treatment, intravenous ACTH and oral cortisone, [Arbesman] 1041—ab
treatment, mechanical cough chamber and exsufflator for, [Barach & others] *1380
treatment, nitrogen mustard, [Waldbott] 1427—ab; [Jiménez Díaz] 1439—ab
treatment, positive pressure breathing, [Smart & others] *1388
treatment, psychodynamic pharmacology, [Abramson] *569
treatment, quinacrine hydrochloride, Norway, 1421
ASTHMA—Continued
treatment, remedy containing Fowler's solution, chronic arsenic poisoning from, [Silver & Wainman] *584; [Peiner & Waldman] 1511—C
treatment, surgical [Hansen] 1437—ab
treatment, visammin, [Snider & others] *1400
treatment, vitamin B_{12}, [Gobbato] 1731—ab
ATABRINE: See Quinacrine
ATAXIA: See Tabes Dorsalis
ATELECTASIS: See Lungs, collapse
ATHEROSCLEROSIS: See Arteriosclerosis
ATHLETICS: See also Exercise
boxing industry, medical program for, [Ferlaino] *651; 1490—E
medical examination for athletes; deaths due to boxing and football, 1490—E
running foot races, physiological limits for, 593—E
Swimming: See Swimming
vitamin B before contests, 166
ATMOSPHERE: See Air
ATOMIC ENERGY: See also Radioactive Isotopes
medicine course (5 day) at Army Medical Service Graduate School, 1137
celebrating 10th anniversary of first atomic chain reaction, Chicago, 1409
U. S. Atomic Energy Commission, (reactor-produced polonium available for purchase) 1327; (fellowships in industrial medicine) 1503; (cosmotron dedicated at Brookhaven) 1614
ATOPIAN: See Cinchophen
ATROCITIES
human experimentation in medicine, Paris, 426
ATROPHY
Muscular: See also Dystrophy, muscular
muscular, Charcot-Marie-Tooth disease incidence in muscular dystrophy, [Ramsey & McCarroll] *659
muscular, of small hand muscles as result of cardiac infarct, [Zuidema] 622—ab
Sudeck's: See Osteoporosis
AUDIOGRAMS: See Hearing
AUDIOMETERS: See Hearing tests
AUDIOTONE Hearing Aid, Model 11, 1311
AUDIOVISUAL AIDS: See Moving Pictures; Television
AUREOMYCIN
action on vaccinia virus, [Cabasso] 1345—ab
combined antibiotic action, (Council article) [Jawetz & Gunnison] *893
prevent "nasal-descending asthma" with, [Engelsher] 1510—C
toxicity: diarrhea? 836
toxicity: moniliasis pneumonia, [Wolff] 1051—ab
toxicity: perianal irritation, Militzer prevents with vitamin B_{12}, folic acid, and ferric ammonium citrate, 627
toxicity: pseudomembranous colitis, [Reiner] 1039—ab
treatment of chronic brucellosis, [Griggs] 821—ab
treatment of mumps, [Homer & Donovan] *965; [Racca] 1259—ab
treatment or penicillin in infectious mononucleosis, [Scalzi] 719—ab
treatment plus cortisone and ACTH in fulminant hepatitis, [Ducci] 1147—ab
treatment plus dihydrostreptomycin in brucellosis, [Herrell] 518—ab
treatment plus penicillin in endocarditis, [Donzelot] 432—ab
AUSTRIA
U. S. Army hospitals in, [Duncan] 153—C
AUTOHEMAGGLUTININS: See Agglutinins, cold
AUTOMOBILES: See also Motorcycles; "Motor Vehicles" under Medicolegal Abstracts at end of letter M
accidents, A.M.A. Committee to Study Problems of Motor Vehicle Accidents, resolution on reactivation, 891; 1684
accidents, dogs as cause of road accidents, England, 230
accidents, Evanston (Ill.) first in traffic safety, 1708
accidents, no traffic deaths in 15 Kansas cities, 595
accidents, traffic fatalities increase, National Safety Council report, 227; 491—E
AUTOPSIES
internship hospitals with highest autopsy rates, 1951-1952, (Council report) *279
requirement for certification by American Board of Pathology, *402
table for, in morgue, water connection causes back siphonage and contaminates water supply, [Bundesen & Connolly] 1333—C
AVIATION
Aero Medical Association, 146; 1498
airplane noise effect on auditory thresholds, [Senturia] 1146—ab
airplane spraying with DDT and kerosene to prevent disease in Korea, 1137
helicopter ambulance units as part of U. S. Medical Service, 1503
medicine, American Airlines plans residency in, 499
rocket flights, medical aspects, [Campbell] *3
rocket sends mammals up 200,000 ft., 943

V 1
195

AVIATION, U. S. AIR FORCE
air surgeons' conference, 222
foreign officers inspect aeromedical facilities, 1564
promotions in grade of general, 708
rocket sends mammals up 200,000 ft., 948
AVICENNA (IBN SINA)
corrections, [Muntner] 951—C
AVITAMINOSIS: See Vitamins, deficiencies
AVOCATIONS: See Physicians, avocations
AWARDS: See Prizes
for Military Service: See Korean War, Heroes
AYERST, McKenna & Harrison Fellowship: See Fellowships
AZULFIDINE: See Salicylazosulfapyridine

B

B Vitamins: See Vitamins B Complex
BCG Vaccination: Vaccine: See Tuberculosis, immunization, BCG
BABIES: See Infants
BACCALAUREATE Degrees: See Degrees
BACILLEMIA: See Bacteremia
BACILLUS: See Bacteria
BACITRACIN
combined antibiotic action, (Council article) [Jawetz & Gunnison] *693
BACK: See also Spine
injury, gastric cancer recurs after, 737
Pain in: See Backache
BACKACHE: See also Sciatica; Spine, intervertebral disk
chronic, therapeutic exercises for, 1468—ab
low back pain due to lumbosacral hernias, [Picarra & McLaughlin] *855
surgical treatment of low back pain, [Cloward] 617—ab
BACTEREMIA: See also Meningococcemia
sustained, with pleuro-pneumonia-like organisms in postpartum patient, [Slingerland & Morgan] *1309
treatment, chemotherapy and antibiotics, [Herrell] *1450
BACTERIA: See also Bacteriophage; Bacteriology; Staphylococcus; Streptococcus; Tubercle Bacillus; under names of organs and regions
abortus infection: See Brucellosis
allergy, infectious factors in adults and children, [Chobot] *1480
antibiotic synergism and antagonism: 2 groups, [Jawetz] 1531—ab
Coli: See Escherichia coli
Ducrey's: See Chancroid
Friedlaender's: See Klebsiella pneumoniae
in Blood: See Bacteremia; Meningococcemia
Infection: See Infection
Lactobacillus Casei Factor (Synthetic): See Acid, folic
pathogenic, money as vector of, [Gan] 1155—ab
Proteus vulgaris: See Proteus
Pyocyaneous: See Pseudomonas
sterility of market cotton, (reply from Johnson & Johnson) [Henderson & Gaughran] 508—C; (reply from U. S. Food and Drug Administration) [Crawford] 508—C
Tularense Infection: See Tularemia
BACTERICIDES: See Disinfection; Sterilization, Bacterial
BACTERIOLOGIC WARFARE: See Biologic Warfare
BACTERIOLOGY
development of, Mexico, 151
in otitis externa: value of antibiotic sensitivity tests, 1408—E
occupational hazards, 1621
BACTERIOPHAGE
Lincoln, studies with, [Saslaw & others] 52—C
BACTERIUM: See Bacteria
BAL
treatment of thallium poisoning, [Schild] 1730—ab
BALDNESS: See Alopecia
BALLISTICS
wound, and body armor, [Holmes] *73
BALLOT: See Elections
BANDAGE: See Dressings; Truss
BANKS (therapeutic): See Blood Transfusion
BANTHINE: See Methanthetline
BANTI'S Disease: See Splenomegaly
BANTING, FREDERICK G.
first papers on isolation of insulin by, 1202—ab
BANTING MEMORIAL LECTURE: See Lectures
BARBITURATES: See also Mephobarbital; Phenobarbital; Secobarbital
general anesthesia with, Turkey, 1716
poisoning, amphetamine sulfate in, [Dick] 1626—ab
state legislation, (Bureau report) 917
toxicity, acute intoxication, [Reed] 1536—ab
BARIUM
enema fluid, intraperitoneal escape; perforation of sigmoid colon, [Isaacs] *845
BARNUM and Bailey Circus: See Circus
BAROMETRIC PRESSURE: See Humidity
BARTONELLIASIS
Colombia, 1237
BASALJEL: See Aluminum carbonate (basic)
BASAL Metabolism: See Metabolism, basal
BASEDOW'S Disease: See Goiter, Toxic
BASIC ALUMINUM CARBONATE: See Aluminum carbonate
BASIC SCIENCES
schools, approved, United States and Canada, *108; (descriptive list) *138
schools in U. S., enrolment, *115
students in U. S., 1931-1952, *109
BATHS: See also Swimming
Norwegian Bathing Association drive for extensive use, 1331
BATHTUBS
sulfur stains on, 1163
BAUER, LOUIS H.
A.M.A. President, (monthly message) 420; 799; 1314; 1675
A.M.A. President's address at Denver Clinical Session, 1678
replies to President Truman on socialized medicine, 495
replies to unjustified criticism of physicians and dentists by Rear Adm. Pugh, 1312—E
Vote November 4, message from President Bauer, 797—E
BAXTER-Whitaker: See American Medical Association, National Education Campaign
BEARD
ingrown hair in, 1736
BEAUTY PREPARATIONS: See Cosmetics
BED
Capacity: See Hospitals
footrest device for patient exercising extremities in, [Smigel & Gibson] *587
Rest: See Convalescence
BEDDING: See Blankets
BEDSORES: See Decubitus
BEER
beer-ginger and gin with salt to overcome fatigue, London, 600
BEES
sting, effects, 1646
BEHAVIOR: See Mental Hygiene; Personality
BELFIELD Lecture: See Lectures
BELGIAN
Committee for Scientific Investigation of Phenomena Reputed to Be Paranormal, 1615
Government Award for African Sleeping Sickness: See Prizes
Society of Gastroenterology, 1615
Society of Orthopedics and Surgery of the Motor Apparatus, 1615
BELL'S Palsy: See Paralysis, facial
BENADRYL: See Diphenhydramine Hydrochloride
BENZAZOLINE (Priscoline)
treatment of poliomyelitis, [O'Donnell] 1725—ab
BENZEDREX: See Propylhexedrine
BENZEDRINE: See Amphetamine
BENZOHYDRYL Alkamine Ethers: See Diphenhydramine Hydrochloride
BENZOQUINONIUM CHLORIDE (mytolon)
synthetic muscle relaxants in anesthesia, [Foldes & others] *1559
BENZYL ALCOHOL
for nerve blocking in intractable pain, [Bonica] *1585
BEQUESTS: See Donations (cross reference)
BERYLLIUM
pulmonary fibrosis and, 1358
BESNIER-Boeck-Schaumann Disease: See Sarcoidosis
BETAINE
glycocyamine combination: betasyamine, prematurely publicized, 592—E
glycocyamine therapy for chronic residuals of poliomyelitis, [Fallis & Lam] *851
BETASYAMINE: See Betaine
BEVAN Lecture: See Lectures
BEVERAGES
Alcoholic: See Alcohol
BEVERIDGE Plan: See National Service Plan (England)
BIBLIOGRAPHY: See American Medical Association, Quarterly Cumulative Index Medicus
BICARBONATE of Soda: See Sodium bicarbonate
BICILLIN
new repository penicillin, [Stollerman & Rusoff] *1571
BICYCLES: See Motorcycles
BIEDLE-Laurence-Moon Syndrome: See Laurence
BILE
drainage after cholecystectomy, 1060
flow, interference with (cholestasis), [Popper & Schaffner] *1367
reflux into pancreatic ducts, [Hicken] 513—ab
BILE DUCTS: See also Gallbladder; Liver
calculi, jaundice due to, [Cole] *832
cirrhosis, [Mouchowitz] 1717—ab
cirrhosis (cholangiolitic), [Ricketts] 616—ab; 1313—E
cirrhosis (congenital acholangic), [Macmahon] 1630—ab
dysfunction in Basedow's disease, Italian Society discusses, 505
exploration combined with cholecystectomy, [Cole] *834
obstruction of postoperative drainage, streptodornase-streptokinase for, [St. James] 613—ab
obstruction, pre and postoperative treatment, [Edlund] 730—ab
BILE DUCTS—Continued
roentgen study during gallstone operations, [Swedberg] 1254—ab
roentgen study with telepaque, [Shehadi] 1720—ab
BILIARY TRACT: See also Bile Ducts; Gallbladder; Liver
disease, elevated thrombin recovery levels in, [Sternberger] *1593
disease, new colloids for flocculation tests, Chile, 1506
obstruction (mechanical) differentiated from parenchymal liver disease, [Mellinkoff] 59—ab
surgery, value of operative cholangiograms, [Right] 248—ab
tumors (benign): papilloma, [Moore & others] *999
BILLS: See Fees
Legislative: See Laws and Legislation
BIOCHEMISTRY: See Myocardium
BIOLOGIC WARFARE
limits of medical role in, Belgium, 604
BIOPSIES: See also Liver; Ribs
Sponge: See Urethra cancer
tissue, in diseases of chest, [Peabody] *1472
BIOSTATISTICS: See Vital Statistics
BIOSYNTHESIS
of hemoglobin, 1223—E
BIRDS: See Ornithosis; Pheasants; Psittacosis
BIRMINGHAM cancer survey published by National Cancer Institute, 1418
BIRTH: See also Labor
in Hospital: See Hospitals, maternity
Multiple: See Twins
order of, relation to congenital heart disease, [MacMahon] 1433—ab
Palsy: See Paralysis, cerebral
Premature: See Infants, premature
Rate: See Vital Statistics
BIRTHMARKS: See Nevus
BISHYDROXYCOUMARIN (dicumarol)
coumarin anticoagulants compared, [Rotter & Meyer] *1188
intravenous emulsified vitamin K_1 for coumarin-induced hypoprothrombinemia, [Stragnell] 1040—ab
toxicity: hemorrhage and necrosis of skin, [Verhagen] 1259—ab
treatment of myocardium infarction, [Richter] 517—ab; [Rosenthal] 1343
BISTRIUM bromide: See Hexamethonium
BITES: See Dogs; Snakes
BLADDER: See also Urinary System
atony (possible primary) 629
gradual emptying of, in acute urinary retention complicating pregnancy, [Holmes] 428—C; (reply) [Hymes] 1620—C
irrigation during transurethral resection of prostate, 1559
regeneration, [Richardson] 724—ab
substitute for: Gilchrist operation, [Peck & Newland] *177
tumors, amyloid, [Poutasse & Fisher] *96
urine retention due to bar of tissue crossing, 1550
urographic changes in diabetes insipidus, [Chung & Mansell] *1367
BLAKESLEE Prize: See Prizes
BLANKETS
electric, will not increase susceptibility to arthritic and respiratory infections, 736
BLAST: See Explosions
BLASTOMYCOSIS: See also Chromoblastomycosis
of bones, antibiotics and chemotherapy for, [Altemeier & Largen] *1468
treatment, 65
treatment, fatalities after "stilbamidine" [Cohen] 1332—C
treatment, resection in, [Baker] *1579
treatment, stilbamidine intravenously and propamidine, [Miller & others] *35
BLATT Memorial Lecture: See Lectures
BLEEDERS: See Hemophilia
BLEEDING: See Hemorrhage
BLEPHAROSPASM: See Eyelids
BLINDNESS: See also Vision
help for the blind; tribute to American Foundation for the Blind, 1674—E
in Africa, survey by British Empire Society for Blind, London, 1131; 1586
BLODGETT Scholarship: See Scholarships
BLOOD: See also Hemo—; under Medicolegal
Abstracts at end of letter M
Albumin: See Blood proteins
amylase, determination, aureomycin in mumps treatment, [Homer & Donovan] *465
Bacteria in: See Bacteremia
Bank: See Blood Transfusion
Cells: See Erythrocytes; Leucocytes
chemistry, gallbladder dyes effect on, 1736
chlorides, difference in fresh and stored blood, 434
cholesterol in disturbances of coronary and cerebral circulation, [Trivella] 1159—ab
Circulation: See also Pulse; Vasomotor System
circulation (artificial) with oxygenator-pump, [Helmsworth & others] *431
circulation, effect of thiouracil on circulating eosinophils, [de la Balze] 522—ab
Clot: See Blood coagulation; Blood prothrombin; Thrombosis
Clotting: See Blood coagulation

150
952

BLOOD—Continued
Coagulation: See also Blood prothrombin; Hemophilia
coagulation acceleration in myocardium infarction, heparin clotting time; bishydroxycoumarin treatment, [Rosenthal] 1343—ab
coagulation, antibiotic drugs and blood clotting, [Miller] 827—ab
coagulation, anticoagulant therapy in acute myocardial infarction, [Russek] 614—ab
coagulation, anticoagulant therapy, undesirable effect, [Beaumont] 1159—ab
coagulation, clotting blood obstructs bile ducts, varidase to dissolve, [St. James] 613—ab
coagulation, coumarin anticoagulants in thromboembolic disease, [Rotter & Meyer] *1188
coagulation profile, survey of clotting tests for, in normal and diseased persons, [Friedman & others] *83
coagulation, pulmonary embolism relation to hazards of anticoagulant treatment, London, 1239
coagulation, thrombin recovery test, [Sternberger] *1591
Coughing Up: See Hemoptysis
Donors: See Blood Transfusion, blood donors
Dyscrasia: See also Agranulocytopenia; Anemia; Anemia, Pernicious; Erythroblastosis, Fetal; Leukemia; Polycythemia
dyscrasia, corticotropin and cortisone in, in children, [Stickney & Mills] *1278
dyscrasia, gastrointestinal hemorrhage in childhood, [Brayton & Norris] *668
dyscrasia, radioisotope laboratory for treating, N. Y., 1709
Eosinophils circulating in: See Eosinophils
fats, hyperlipemia, retinopathy in diabetes mellitus, [Gaida] 1254—ab
Flow: See Blood circulation
Globulin: See Blood proteins
Groups: See also Agglutinins, cold; Rh Factor
groups, eventual variations after chloronaphtine therapy, Italy, 606
groups, tests in disputed paternity, A.M.A. committee report, 914
groups: what exists in blood that makes it a given blood type; precise hereditary nature of blood groups, 1266
hematological values in aged, [Shapleigh] 1724—ab
Hematology Research Foundation, grants awarded, 1321
Hemoglobin: See Hemoglobin
in Feces: See Feces
Infection of Blood: See Bacteremia; Meningococcemia
Infusion: See Blood Transfusion
iodine (protein bound), diagnostic value [de Mowbray] 1729—ab
L. E. cells in normal blood, experimental production, [Inderbitzin] 623—ab
lipoproteins and atherosclerosis relationship; Gofman test, 1646
Loss of: See Hemorrhage
Menstrual: See Menstruation
Methemoglobin in: See Methemoglobinemia
oxygenation (extracorporeal) with oxygenator-pump, [Helmsworth & others] *451
Plasma: See Plasma; specific subheads under Blood; Blood Transfusion
Platelets: See also Purpura, thrombopenic
platelets, hematocrit (Wintrobe) and platelet count, [Friedman & others] *83
platelets survival after multiple platelet transfusion, [Stefanini] 1044—ab
platelets, transfusions and pathogenesis of idiopathic thrombocytopenic purpura, [Sprague & others] *1193
potassium, difference in fresh and stored blood, 434
potassium (plasma level) after epinephrine ingestion in epilepsy, [Dury] 158—ab
Preservation: See Blood Transfusion, blood bank
Pressure: See BLOOD PRESSURE
Proteins: See also Globulin, gamma
proteins, albumin and globulin changes in burns, Aminco-Stern electrophoresis apparatus to study, [Prendergast] 613—ab
proteins, difference in fresh and stored blood, 434
proteins, human albumin infusions and homologous serum jaundice, [Paine & Janeway] *199
proteins, lecture on hyperglobulinemia, Calif., 496
Prothrombin: See also Blood coagulation
prothrombin, hypoprothrombinemia, coumarin anticoagulants in thromboembolic disease, [Rotter & Meyer] *1188
prothrombin, intravenous emulsified vitamin K_1 for coumarin-induced hypoprothrombinemia, [Stragnell] 1040—ab
prothrombin time (Quick), evaluation of clotting tests, [Friedman & others] *83
sedimentation rate, history of discovery; clinical value, Norway, 1421
sedimentation rate in tuberculous meningitis, [Carletti] 1351—ab
Serum: See various subheads under Blood
sodium, in fresh and stored blood, 434
spermine (serum) in cancer diagnosis, [Natali] 252—ab

BLOOD—Continued
Sugar: See also Diabetes Mellitus
sugar level during pregnancy, 1443
Tests: See Blood groups; Syphilis serodiagnosis
Transfusion: See BLOOD TRANSFUSION
Types: See Blood groups
ultraviolet irradiated plasma, viral hepatitis after using, [Thompson] 1636—ab
ultraviolet irradiation ineffective, [Wakim] 822—ab
Urea: See Uremia
Vessels: See BLOOD VESSELS
volume determination, Evans blue for, N.N.R., (description) 1486; (Warner) 1487
volume determination in bleeding peptic ulcer, [Kruger] 1630—ab

BLOOD PRESSURE
estimated by feeling the pulse not reliable, [Cole] 724—ab
low, controlled hypotension to reduce hemorrhages in surgical patients, [Manni] 1352—ab
low, head lowering in treatment of hypotension on operating table, [Cole] *273
low, induced hypotension effect on liver, [Bromage] 1258—ab
low, induced hypotension in radical surgery, [Boyan] 726—ab
2-methyl-3-ethyl-5-aminoindole no effect on, [Spies & Stone] *1599
recording of intracardiac pressures by heart puncture, [Métianu] 731—ab
serotonin effect on, [Spies & Stone] *1599
treatment, nephrectomy, end results, [Braasch] 1250—ab

BLOOD PRESSURE, HIGH
arterial origin of hypertensive substance, [de la Barreda] 523—ab
cephalalgia and hypertension, Chile, 810
differentiating between eye conditions and brain hemorrhage in various types of, 1735
etiology: tobacco smoking, [Dolgoff] 1536—ab
experimental in dogs with both kidneys removed, [Orbison] 1532—ab
frequency in 1,000 private patients, [Master] *195
in children with unilateral renal disease, [Seelemann] 623—ab
Inter-American Congress of Cardiology discusses, Argentina, 1031
portal, and Banti's disease studied by Belgian Society, 1615
predicting vascular accidents in mild hypertension, [Meyer-Heine] 1352—ab
prediction of cerebral hemorrhage in, [del Valle y Adaro] 1158—ab
retinopathy, 835
serotonin effect on, [Spies & Stone] *1599
specific hypertensive disease of pregnancy: factors affecting infant mortality, [Wellen] 1340—ab
treatment, cation exchange resins, [Gill] 1430—ab
treatment, 15 year follow-up, [Leonard] 1047—ab
treatment, hexamethonium compounds, [Blainey] 251—ab
treatment, 1-hydrazinophthalazine (C-5968), [Johnson] 720—ab
treatment, new dibenamine derivative, 688-A, [Moser] 154—ab
treatment, nutrient deficiencies in low-salt diets, [Allen] 1141—C

BLOOD TRANSFUSION: See also Medicolegal Abstracts at end of letter M
antazoline in, [Alfonsi] 830—ab
blood banks, A.M.A. Committee on, report on procurement, national blood program, 1696; 1698
blood banks, Association of, 498
blood donor populations and in albumin pools, calculated incidence of virus in, [Paine & Janeway] *201
blood donors in England and Wales, 712
bloodmobile, donate time for, Wis. 226
difference between fresh and stored blood for sodium, potassium, chloride, and proteins? 434
exchange, in fetal erythroblastosis successful, [Layrisse] 524—ab
human albumin infusions and homologous serum jaundice, [Paine & Janeway] *199
in leukemia, [Sturgis] *1553
intra-arterial, [Bingham] 1350—ab; 1549
intra-arterial, into carotid artery in cranial direction, [Dogliotti] 1052—ab
medicolegal aspects, A.M.A. committee report, 914
of plasma in hemophilia, [Van Creveld] 955—ab
of platelets: pathogenesis of idiopathic thrombocytopenic purpura, [Sprague & others] *1193
of platelets, platelet survival after, [Stefanini] 1044—ab
of red cell mass in anemia with rheumatoid disease, [Garry] 615—ab

BLOOD VESSELS: See also Aorta; Arteries; Capillaries; Cardiovascular System; Vasomotor System; Veins
accidents, prediction in mildly hypertensive patients with divergent pulse wave recordings, [Meyer-Heine] 1352—ab

BLOOD VESSELS—Continued
Disease: See also Arteriosclerosis; Cardiovascular Disease; Raynaud's Disease; Telangiectasia; Thromboangiitis Obliterans
disease and traumatic surgery, Austria, 236
disease, control diabetes to prevent vascular complications, [Kelding & others] *964
disease (peripheral), management of intractable pain, [Bonica] *1586
disease, (peripheral) precipitated or caused by truss for inguinal hernia? 434
disease, postmortem study, [Bell] 243—ab
disease, sodium citrate in, Paris, 152
disease, treat angiospastic syndromes with tetraethyl-ammonium chloride, Italy, 1032
grafts, (homologous and heterogenous) [Oeconomos] 524—ab
injury, continuous spinal anesthesia in, [Ansbro] 1040—ab
smoking effect on, 1016—E
South American Congress of Angiology (first) Buenos Aires, Nov. 11-13, 1025
Transposition of the Great Vessels: See Heart anomalies

BLOODMOBILE: See Blood Transfusion

BOARD: See also under specific names as American Board; National Board; State Board
of Health: See Health
of Thoracic Surgery, (Officers: requirements; examination; certification), *416
of Trustees: See American Medical Association

BOATS: See Ships

BODY
armor and wound ballistics, [Holmes] *73
Dead, Examination of: See Autopsies
floating on surface of water in case of drowning, 1163
Growth of: See Growth
Heat, Production: See Metabolism, basal
height, girl 14½ years old grows 8 inches in year, 836
Position of: See Posture
Temperature: See Fever; Temperature, Body
Weight: See also Obesity
weight after giving fat emulsion, [Goldberg & others] *1665
weight gain during pregnancy, [Turner] 516—ab

BOECK'S Sarcoid: See Sarcoidosis

BOLEN TEST
for malignant neoplasm, [Cerroni] 1054—ab

BOMBS
Atomic: See Atomic Energy

BONE MARROW: See also Myeloma; Osteomyelitis
aspirations to diagnose early metastasis from prostate cancer, [Clifton] 1426—ab
disorders, ribs biopsy in, [Hutt] 1435—ab
effect of thiouracil on circulating eosinophils, [de la Balze] 522—ab
megakaryocytes, platelet transfusions and idiopathic thrombocytopenic purpura, [Sprague & others] *1193
pammyelophthisis from methylphenylethylhydantoin, [Kresbach] 1349—ab
protection against irradiation, 1673—E

BONES: See also Cartilage; Cranium; Orthopedics; Osteo—; Ribs; Spine; under names of specific bones
Atrophy: See Osteoporosis
Fracture: See Fractures
grafting, 1059
pseudoarthrosis formation in long tubular bones, [Scheffel] 1347—ab
skeletal changes as result of using ACTH and cortisone, [Boland] *1287
skeletal infections, antibiotics and chemotherapy, [Altemeier & Largen] *1462
skeletal pain, procaine hydrochloride and procaine amide hydrochloride in, [Traut] *785
syphilis, antibiotics and chemotherapy for, [Altemeier & Largen] *1467
Tuberculosis: See also Arthritis, tuberculous
tuberculosis, antibiotics and chemotherapy for, [Altemeier & Largen] *1467
tuberculosis, streptomycin, PAS, vitamin A, and vitamin D for, Italy, 1033
tumors, interinnomino-abdominal operation, [Gordon-Taylor] 521—ab
tumors, Registry of Bone Sarcoma available for loan from American College of Surgeons, 804
tumors, sarcoma after roentgen irradiation, [De Young] 1427—ab

BOOHER, NORMAN R., representing American Legion, address at Denver Clinical Session, 1682

BOOKS: See also Journals; Library; Book Reviews at end of letter B
requested for Severance Union Medical School, Seoul, Korea, [Ginn] 52—C; (picture showing presentation of books) 1614
talking book recordings for the blind, 1674—E

BORDEN Award: See Prizes

BORNHOLM Disease: See Pleurodynia, Epidemic

BOTALLO'S Duct: See Ductus Arteriosus

BOTTLES: See Containers

BOWEL MOVEMENT: See Feces

BOWELS: See Intestines

BOXING
deaths due to, 1490—E
industry, medical program for, [Ferlaino] *651; 1490—E

V 1
195

BOYS: See Adolescence
BRACES
lumbosacral flexion brace for intervertebral disk lesions, [Seil] *989
multipurpose: useful adjunct in rehabilitation, [Snow] *687
BRAGARD Test, 737
BRAIN: See also Cerebellum; Cranium; Head; Meninges; Microcephaly; Nervous System
abscess, "paradoxical," with Lutembacher's syndrome, [Ehnl & Crain] *1298
arterial shunt, [Browne] 1039—ab
calcification, congenital toxoplasmosis cause of, in child? 1444
diencephaloretinal degeneration (Laurence-Moon-Bied-syndrome), [Best] 1730—ab
Disease: See also Epilepsy; Mental Disorders
disease of diencephalon and psoriasis, Paris, 1240
disease, psychiatric symptoms with lesions of temporal lobe, [Mulder & Daly] *173
disease, (toxic) during topical therapy with asterol, [Wilson & others] *1002
electroencephalogram, alpha waves in, in movements during sleep, [Brazier] 824—ab
electroencephalogram, corticotropin, and cortisone, Paris, 506
electroencephalogram, duodenal ulcer symptoms a manifestation of abdominal epilepsy? (replies) [Moore; Schindler] 66
electroencephalogram in doubtful cases of epilepsy, [Jewesbury] 521—ab
electroencephalography in brain tumors, [Delay] 621—ab
electroencephalography, Southern Electroencephalographic Society, 946
hematoma (spontaneous intracerebral), [Gros] 1641—ab
Hemorrhage: See also Meninges
hemorrhage, ganglion-blocking agents in cerebrovascular accidents, [Petit-Dutaillis] 252—ab
hemorrhage in pregnancy, [Colmeiro-Laforet] 1731—ab
hemorrhage, in various types of hypertension, 1735
hemorrhage, prediction in arterial hypertension, [del Valle y Adaro] 1158—ab
hemorrhage, rehabilitating patients with cerebrovascular accidents, misstatement in advertising, [Bechet] 1423—C
hernia, survey of encephaloceles, etc., [Schwidde] 717—ab
Inflammation: See Encephalitis
intracerebral therapeutic injections in psychoses, [Abely] 829—ab
localization of center of consciousness, [Kaada] 1157—ab
surgery, ablation of abnormal cortex in cerebral palsy, [Penfield] 729—ab
surgery, effects of removing left occipital lobe 15 years later, [Walther] 1541—ab
surgery, hemispherectomy in hemispastics, [MacKay] 517—ab
surgery, hemispherectomy in man, [Mensh] 243—ab
surgery, prefrontal leukotomy, [Rimestad] 162—ab
surgery, preventricular bifrontal leukotomy, [Lunn] 1054—ab
surgery, results of leukotomy, Norway, 151
tumors, Argyll Robertson syndrome and suprasellar tumor, [Fanta] 1257—ab
tumors, Austria, 235
tumors, cerebral angiography in intracranial, subtentorial hematomas, [Petit-Dutaillis] 523—ab
tumors, electroencephalography in, [Delay] 621—ab
tumors, radioactive isotopes in, [Davis] 1536—ab
tumors; subarachnoid hemorrhage caused by intracranial angiomatosis, Italy, 1032
BREAD: See Flour
BREAKFAST: See Food
BREAST
cancer (advanced), hormone therapy, [Douglas] 161—ab
cancer and cortical stromal hyperplasia of ovaries, prognosis, [McManus] 517—ab
cancer and hormones, 78—ab
cancer (early), diagnosis, [Klopp & others] *956
cancer, early diagnosis; use of surgical and needle biopsy, [Saphir] *859
cancer, effect of bilateral adrenalectomy, [West] 1628—ab
cancer, frequency and mortality, at U. of California, 1918-1947, [Shimkin] 619—ab
cancer, heredity in, [Brachetto] 1157—ab
cancer in pregnancy, [Remold] 524—ab
cancer, mechlorethamine intravenously for pulmonary parenchymal metastases, 736
cancer, metastases to sternal lymph node chain, [Möri] 1349—ab
cancer (multicentric) in irradiated breast, [Lisa] 1720—ab
cancer, pathologic changes correlated with diagnosis; prognosis; treatment, [Ackermann] 1631—ab
cancer, postmortem 20 years after bilateral mastectomy; tissue resistance; pseudoimmunity, [Ficarra] *478
cancer, preoperative roentgen irradiation in, [Kaae] 1541—ab
BREAST—Continued
cancer, symposium on, in veterans hospital, 1504
cancer, teaching self-examination effective? [Gowen] 1724—ab
cancer, treatment, [Gatch] 513—ab
cystic mastitis, estrogen in massive doses for, [Hurxthal] 1634—ab
discharge above nipple (gland of Montgomery) at menstrual periods, 1361
discharge from nipple without palpable tumor, [Sandblom] 1048—ab
Feeding: See Infants, feeding
lesions, early diagnosis; use of surgical and needle biopsy, [Saphir] *859
lesions in apparently healthy women, [Phillips] 1723—ab
Milk: See Milk, human
small, how to enlarge, 1058
surgery, gelfoam rolls to prevent lymphedema after mastectomy, [Treves] 1343—ab
surgery, postmortem study 20 years after bilateral mastectomy [Ficarra] *478
tuberculous disease, [McKeowan] 620—ab
tumors, early diagnosis, [Mogullevsky] 730—ab
tumors, retromammary lipoma in girl 13 years old, Turkey, 1716
BREATH: See Respiration
BREATHING: See Inhalators; Respiration
Artificial: See Respiration, artificial; Respirators
BRIGHT'S Disease: See Nephritis
BRILL-SYMMERS DISEASE: See Lymphoma
BRITISH: See also Commonwealth; Great Britain
Anti-Lewisite: See BAL
Empire Society for the Blind, survey by on blindness in West Africa, 1131; 1508
Health Service: See National Health Service
Horse Shoe Club, London, 1239
Medical Association, (achievements of, on 120th anniversary) 50; (annual meeting) 56; (membership open to American physicians in Persian Gulf area) [Lull] 509—C; (combined meeting with Irish Medical Association) 1046; 1419; (closed shop controversy) 711; 1239; (president's address) 950; (meeting) 1238; (Scientific Exhibit at meeting) 1419
Medical Research Council: See Medical Research Council
Physicians: See Physicians
Tuberculosis Association (report on British experience with isoniazid) 1138
BROADCASTING: See Radio; Television
BROCK'S Method: See Pulmonary Valve
BROMIDES
intoxication, [Tillim] 1719—ab
BROMOBENZYLCYANIDE
keratitis after tear gas exposure, 1060
BRONCHIECTASIS
etiology, aspergilloma, [Monod] 830—ab
hidden or unsuspected, in asthma, [Overholt & others] *438 (replies: Overholt pulmonary syndrome) [Friedman; Waldbott] 1512—C
treatment, exsufflator and mechanical cough chamber, [Barach & others] *1380
treatment, positive pressure breathing, [Smart & others] *1387
treatment, surgery in, [Peabody] *1474
BRONCHITIS: See also Laryngotracheobronchitis
acute and chronic mucopurulent, antibacterial drugs in, [Mulder] 519—ab
Asthmatic: See Asthma
BRONCHOGRAPHY: See Bronchus, roentgen study
BRONCHOSCOPY
for atelectasis in children, [Gans] 1154—ab
in diseases of chest, [Peabody] *1470
in surgical bronchopulmonary diseases, [Mori] 1256—ab
of tuberculous patient, face shield with mirror rivited to head piece used in, [Wetrich] *1306
preparation of patients for peroral endoscopy, [Olsen & Pender] *842
treatment of diseases of chest, [Peabody] *1473
BRONCHUS: See also Bronchiectasis; Bronchitis; Broncho—; etc.
cancer (bronchogenic) and adenoma, surgery in, [Peabody] *1474
cancer (bronchogenic) and calcified nodules in lungs, [Woodruff] 1534—ab
cancer (bronchogenic), early diagnosis, [Clerf & Herbut] *793
cancer (bronchogenic) radiation therapy, [Adelman] 1727—ab
cancer, cytologic diagnosis, [Schaaf] 1256—ab
cancer, prognosis in idiopathic hemoptysis, [Douglass & Carr] *764
cyst (mediastinal bronchogenic) and Klippel-Feil syndrome, [Brachet & Kountz] *1006
disease in childhood, [Finke] 430—ab
disease (surgical), bronchoscopy and intrabronchial therapy, [Mori] 1256—ab
erosion (simple) as cause of pulmonary hemorrhage, [Vinson] *840
infection in asthma, [Kourilsky] 830—ab
roentgen study in bronchiectasis in asthma, [Overholt & others] *438; [Friedman; Waldbott] 1512—C
BRONCHUS—Continued
roentgen study in diseases of chest, [Peabody] *1471
roentgen study, preparing patients for, [Olsen & Pender] *842
tumors, [van Goldsenhoven] 620—ab
visamnin as bronchodilator, [Snider & others] *1400
BROOKHAVEN Laboratory: See Atomic Energy
BRUCELLOSIS
bacteremia, chemotherapy and antibiotics for, [Herrell] *1451
chronic, aureomycin in, [Griggs] 821—ab
chronic, chloramphenicol in, [Griggs] 821—ab
diagnostic criteria, [Harris] 714—C
eosinophils in peripheral blood in, [Mazzoleni] 252—ab
treatment, aureomycin or terramycin combined with dihydrostreptomycin, [Herrell] 518—ab
BUENOS AIRES
University of: See University
BUERGER'S Disease: See Thromboangiitis obliterans
BUILDING: See Hospitals; Housing
BUREAU
A. M. A.: See American Medical Association
BURNET, FRANK MACFARLANE, lecture on infectious diseases, Wis., 701
BURNING PAIN: See Causalgia
BURNS
albumin and globulin changes in, Amino-Stern electrophoresis apparatus to study, [Prendergast] 613—ab
treatment (surface) 1652—ab
treatment, terramycin, [Ritchie] 1721—ab
treatment, units for, London, 1138
BURSITIS
acute subacromial, ACTH for, [Plenk] 609—C
pain in arm, 836
treatment, especially x-ray (reply) [Swyer] 738
BURTON-Hill Hospital Survey and Construction Act: See Hospitals, building program
BUTAPYRIN: See Phenylbutazone
BUTAZOLIDIN: See Phenylbutazone

BOOK REVIEWS

Aagesen, E., translator, Genetics and Disease (by Tage Kemp) 1442
Abbott, M., Cerebral Palsy Institute Proceedings, November 1950, 834
Abdomen
Introduction to Abdominal Diagnosis, [Lee] 1356
Abelin, I., Spezielle klinisch-chemische Methoden, 1055
Academic Freedom
God and Man at Yale: Superstitions of "Academic Freedom," [Buckley] 526
Acoustic Tumors
Geschülste des Ohres und des Kleinhirnbrückenwinkels, [Graf] 526
Adolescence
Functional Endocrinology from Birth through Adolescence, [Talbot & others] 733
Aged: See Old Age
Albritton, E. C., editor, Standard Values in Blood being First Part of a Handbook of Biological Data, 1055
Alkaloids: Chemistry and Physiology, [Manske & Holmes] 165
Allergy
Allergic Pruritus: Its Dermatologic Management, [Epstein] 254
American College of Cardiology
Transactions of American College of Cardiology, 1951, [Kisch] 957
American Dermatological Association
History of American Dermatological Association in Commemoration of its Seventy-Fifth Anniversary, 1876-1951, [Bechet] 1056
American Health Directory, [Hatton] 1264
American Medical Association
Annual Reprint of Reports of Council on Pharmacy and Chemistry, 525
Council on Pharmacy and Chemistry, Useful Drugs, 254
Ames, L. B., and others, Child Rorschach Responses: Developmental Trends from Two to Ten Years, 165
Anatomy: See also Pathology; Physiology
Anatomy for Artists, [Stanley] 1441
Disegni anatomici di Antonio Canova, [Pantaleoni] 735
What's Inside of Me? [Zim] 1734
Andrews, F. E., Corporation Giving, 1733
Anesthesia
English Pioneers of Anaesthesia (Beddoes, Davy, and Hickman), [Cartwright] 1262
Annual: See Yearbook
Antagonism
Biological Antagonism: Theory of Biological Relativity, [Martin] 1161
Antibiotics
Clinical Application of Antibiotics: Penicillin, [Florey] 1548
Anticoagulants: See Blood
Antioxidants
Biological Antioxidants: Transactions of Fifth Conference November 30-December 1, 1950, New York, [Mackenzie] 1057
Art
Anatomy for Artists, [Stanley] 1441

Book Reviews—Continued
Arthritis
Medical Disorders of Locomotor System Including Rheumatic Diseases. [Fletcher] 526
Ashford, M., editor. Musculoskeletal System: Symposium Presented at Graduate Fortnight of New York Academy, 1950, 626
Association for Research in Nervous and Mental Diseases
Patterns of Organization in Central Nervous System. [Bard] 833
Atlas
Disegni anatomici di Antonio Canova. [Pantaleoni] 735
Urine and the Urinary Sediment: Practical Manual and Atlas. [Lippman] 834
Autobiography: See Physicians
Aviation
Physics and Medicine of the Upper Atmosphere: Study of the Aeropause. [White & Benson] 1355
Bachman, G. W., and associates. Health Resources in United States: Personnel, Facilities, and Services 1463
Bacteriology: See Microbiology
Ballistocardiography
Cardiography in General Practice. [Schaffer] 1643
Clinical Ballistocardiography. [Brown & others] 1056
Bard, P., editor. Patterns of Organization in the Central Nervous System. 833
Barker, J. M., and Wallace, J. J., Unipolar Electrocardiogram: Clinical Interpretation, 251
Battle Casualties: Incidence, Mortality, and Logistic Considerations. [Beebe & DeBakey] 1357
Beach, S. J., Principles of Refraction, 62
Beaver, W. C., Science of Biology, 1141
Bechet, P. E., History of the American Dermatological Association in Commemoration of its Seventy-Fifth Anniversary, 1876-1951, 1056
Beckman, H., editor, 1951 Year Book of Drug Therapy, 1643
Beddoes, Thomas
English Pioneers of Anaesthesia. [Cartwright] 1262
Beebe, G. W., and DeBakey, M. E., Battle Casualties: Incidence, Mortality, and Logistic Considerations, 1357
Behrman, H. T., Scalp in Health and Disease, 1056
Belding, D. L., Textbook of Clinical Parasitology, 624
Benda, C. E., Developmental Disorders of Mentation and Cerebral Palsies, 735
v. Bergmann, G., Frey, W., and Schwiegk, H., editors, Handbuch der Inneren Medizin, 625
Bernays, E. L., Public Relations, 1442
Bernstein, L., and Weatherall, M., Statistics for Medical and Other Biological Students, 624
Between Two Worlds: Memoirs of a Physician. [Gordon] 63
Bierman, W., and Licht, S., editors. Physical Medicine in General Practice, with Twenty-Two Contributors, 625
Bindt, J., Handbook for the Blind, 164
Biochemistry
Biochemistry for Medical Students. [Thorpe] 165
Deformation and Flow in Biological Systems. [Frey-Wyssling & others] 1057
Genetics of Micro-Organisms. [Catcheside] 1264
Lipids: Their Chemistry and Biochemistry. [Deuel] 1262
Biography: See also Physicians
Medical Biographies: Ailments of Thirty-Three Famous Persons. [Dale] 1264
Biology
Biological Antagonism: Theory of Biological Relativity. [Martin] 1161
Biology of Mental Health and Disease: Twenty-Seventh Annual Conference of Millbank Memorial Fund, 1057
Science of Biology. [Beaver] 1441
Standard Values in Blood being First Part of Handbook of Biological Data. [Albritton] 1055
Birds
Fleas, Flukes & Cuckoos: Study of Bird Parasites. [Rothschild & Clay] 1548
Blakiston's Illustrated Pocket Medical Dictionary. [Hoerr & Osol] 1734
Bland, J. H., Clinical Use of Fluid and Electrolyte, 1357
Blindness
Handbook for the Blind. [Bindt] 164
Blood
Circulatory Dynamics: Physiologic Studies. [Wiggers] 1357
Pathogenesis and Treatment of Thrombosis: With Clinical and Laboratory Guide to Anticoagulant Therapy. [Wright] 1357
Rh Blood Groups and Their Clinical Effects. [Mollison & others] 253
Standard Values in Blood being First Part of Handbook of Biological Data. [Albritton] 1055
Blood Pressure
L'hypertension artérielle permanente et sa therapeutique. [Martin] 62
BLOOD PRESSURE—Continued
Normal Blood Pressure and Hypertension: New Definition. [Master & others] 833
Blood Transfusion
Blood Transfusion in Clinical Medicine. [Mollison] 1262
Blood Vessels
Vascular Diseases in Clinical Practice. [Wright] 525
Body
Human Locomotion and Body Form: Study of Gravity and Man. [Morton & Fuller] 1548
Bones: See also Fractures
Bone Tumors. [Lichtenstein] 831
Musculoskeletal System: Symposium . . . at . . . Graduate Fortnight of New York Academy . . . 1950. [Ashford] 626
Tuberculosis of Bone and Joint. [Girdlestone & Somerville] 1263
Brain
Diagnostic Electroencephalography. [Strauss & others] 735
Die zerebrale Angiographie. [Krayenbühl] 1734
Breckinridge, M., Wide Neighborhoods: Story of Frontier Nursing Service, 255
Brock, R. C., Life and Work of Astley Cooper, 735
Bronchus
Das Bronchuscarcinom. [Salzer & others] 1264
Brookings Institution
Health Resources in United States: Personnel, Facilities, and Services. [Bachman & others] 1463
Brown (George E.) Memorial Lecture
Pathogenesis and Treatment of Thrombosis. [Wright] 1357
Brown, H. R., and others, Clinical Ballistocardiography, 1056
Buckley, W. F., God and Man at Yale: Superstitions of "Academic Freedom," 526
Buckston Browne Prize
Management of the "Hopeless" Case. [Gavey] 165
Burger, A., Medicinal Chemistry: Chemistry, Biochemistry, Therapeutic and Pharmacological Action of Natural and Synthetic Drugs. Volume II., 255
Burn, J. H., Practical Pharmacology, 1057
California
Medical Group Practice in California. [Weinerman & Goldstein] 833
Cancer: See also Tumors
Das Bronchuscarcinom. [Salzer & others] 1264
Il cancro. [Musella] (correction) 599
Canova, Antonio
Disegni anatomici di Antonio Canova. [Pantaleoni] 735
Carbon Compounds
Chemistry of Carbon Compounds: Modern Comprehensive Treatise. [Rodd] 1264
Cardiography in General Practice. [Schaffer] 1643
Cardiology: See Heart
Cardiovascular System: See also Blood Vessels; Heart
Diseases of the Heart and Circulation. [Peel] 1142
Careers for Nurses. [Deming] 1056
Cartwright, F. F., English Pioneers of Anaesthesia (Beddoes, Davy, and Hickman), 1262
Catcheside, D. G., Genetics of Micro-Organisms, 1264
Chemistry: See also Biochemistry; Pharmacy
Alkaloids: Chemistry and Physiology. [Manske & Holmes] 165
Chemistry of Carbon Compounds: Modern Comprehensive Treatise. [Rodd] 1264
Course in College Chemistry. [Pamerell] 834
Encyclopedia of Chemical Technology. Volume 8, Ion Exchange to Metal Plating. [Kirk & Othmer] 164
Lipids: Their Chemistry and Biochemistry. [Deuel] 1262
Medicinal Chemistry: Chemistry, Biochemistry, Therapeutic and Pharmacological Action of Natural and Synthetic Drugs. [Burger] 255
Merck Index of Chemicals and Drugs; Encyclopedia for the Chemist . . ., 1441
Phosphatides. [Wittcoff] 526
Physiologische Chemie: Ein Lehr- und Handbuch für Ärzte Biologen und Chemiker. [Flaschenträger] 1264
Spezielle klinisch-chemische Methoden. [Abelin] 1055
Text-Book of Inorganic Pharmaceutical Chemistry. [Rogers] 433
Vinyl and Related Polymers. [Schildknecht] 433
Chest: See Thorax
Chicago Plan
Community Services for Older People: Chicago Plan. [Welfare Council of Metropolitan Chicago] 1057
Children: See also Infants; Pediatrics
Child Rorschach Responses: Developmental Trends from Two to Ten Years. [Ames & others] 165
Chronically Ill: See Disease
Clarke, R. R., Causes and Prevention of Tuberculosis, 253
Clifton, C. E., editor, Annual Review of Microbiology, 255
Clinical Medicine
Blood Transfusion in Clinical Medicine. [Mollison] 1262
Signs and Symptoms: Applied Pathologic Physiology and Clinical Interpretation. [MacBryde] 1442
Clinical Methods
Practical Procedures. [Ogilvie] 1547
Spezielle klinisch-chemische Methoden. [Abelin] 1055
Cobb, S., Foundations of Neuropsychiatry, 63
Cole, W. H., and Elman, R., Textbook of General Surgery, 1547
Communicable Diseases
Handbuch der Inneren Medizin, Band I: Infektions-krankheiten. [Bergmann & others] 625
Community Services for Older People: Chicago Plan. [Welfare Council for Metropolitan Chicago] 1057
Compere, E. L. and Ranks, S. W., Pictorial Handbook of Fracture Treatment, 1734
Connective Tissues: Transactions of the Second Conference, May 24-25, 1951, New York, N. Y., [Ragan] 1355
Conybeare, J., Textbook of Medicine by Various Authors, 1643
Cookery
Reducing Cookbook and Diet Guide. [Miller] 1442
Cooper, Astley
Life and Work of Astley Cooper. [Brock] 735
Coordinating Council for Cerebral Palsy in New York, Inc.
Cerebral Palsy Institute Proceedings, November 1950. [Abbott] 834
Corporation Giving. [Andrews] 1733
Council of Pharmaceutical Society of Great Britain
Hormones: Survey of Their Properties and Uses, 1641
Cowdry's Problems of Ageing: Biological and Medical Aspects, 1055
Curtis, L. F., chairman, Annual Review of Nuclear Science, Volume I, 1262
Cussler, M., and deGive, M. L., Twixt the Cup and the Lip: Psychological and Socio-Cultural Factors Affecting Food Habits, 1263
Cyclopedia: See Encyclopedia
Dale, P. M., Medical Biographies: Ailments of Thirty-Three Famous Persons, 1264
Damerell, V. R., Course in College Chemistry, 834
Davy, Humphrey
English Pioneers of Anaesthesia. [Cartwright] 1262
Decker, A., Culdoscopy: New Technic in Gynecologic and Obstetric Diagnosis, 1356
Deformation and Flow in Biological Systems. [Frey-Wyssling & others] 1057
Dehydration
Treatment of Acute Dehydration in Infants. [Medical Research Council] 1056
Deming, D., Careers for Nurses, 1056
Denning, H., and Broglie, M., editors, Lehrbuch der inneren Medizin, 1161
Dermatology
Allergic Pruritus: Its Dermatologic Management. [Epstein] 254
Essentials of Dermatology. [Tobias] 1548
Handbook of Diseases of Skin. [Mackey] 1441
History of the American Dermatological Association in Commemoration of its Seventy-Fifth Anniversary, 1876-1951, 1056
Scalp in Health and Disease. [Behrman] 1056
Deuel, H. J., Jr., Lipids: Their Chemistry and Biochemistry, 1262
Diabetes and Pregnancy. [Reis & others] 957
Diagnosis: See also Clinical Methods
Diagnostic and Experimental Methods in Tuberculosis. [Willis & Cummings] 164
Diagnostic Electroencephalography. [Strauss & others] 735
Differentialdiagnose Innerer Krankheiten. [Hegglin] 1161
Introduction to Abdominal Diagnosis: Handbook for Students and Practitioners. [Lee] 1356
Dictionary: See also Encyclopedia
Blakiston's Illustrated Pocket Medical Dictionary. [Hoerr & Osol] 1734
Dieckmann, W. J., Toxemias of Pregnancy, 433
Diet
Reducing Cookbook and Diet Guide. [Miller] 1442
Twixt the Cup and the Lip: Psychological and Socio-Cultural Factors Affecting Food Habits. [Cussler & deGive] 1263
Directory
American Health Directory. [Hatton] 1264
United States Government Manual, 1952-53, 626
Disease: See also Diagnosis; Pathology; Therapeutics
Management of the "Hopeless" Case. [Gavey] 165
Medical Biographies: Ailments of Thirty-Three Famous Persons. [Dale] 1264
Doctors: See Physicians

Book Reviews—Continued
Drugs: See Pharmacy
Duke-Elder, S., Text-Book of Ophthalmology, Vol. V: The Ocular Adnexa, 525
Ear: See Otology; Otorhinolaryngology
Economics, Medical
Cost of Health, [Roberts] 733
Inventory of Social and Economic Research in Health, [Health Information Foundation] 1356
Study of the National Health Service of Great Britain, [Peterson] 1160
Electrocardiography: See Heart
Electrolytes
Clinical Use of Fluid and Electrolyte, [Bland] 1357
Encyclopedia: See also Dictionary
Cyclopedia of Medicine, Surgery, Specialties, [Piersol & Bortz] 1355
Encyclopedia of Chemical Technology, [Kirk & Othmer] 164
Merck Index of Chemicals and Drugs: Encyclopedia for the Chemist, Pharmacist . . ., 1441
Endocrinology
Functional Endocrinology from Birth through Adolescence, [Talbot & others] 733
Hormones: Survey of Their Properties and Uses, [Council of Pharmaceutical Society of Great Britain] 1644
Jell's Diseases of Thyroid Gland, [Rundle] 1161
1951 Year Book of Endocrinology, [Gordan] 1643
Surgery and the Endocrine System: Physiologic Response to Surgical Trauma; Operative Management of Endocrine Dysfunction, [Hardy] 164
Vitamins and Hormones: Advances in Research and Applications, [Harris & Thimann] 1655
Engle, E. T., editor, Studies on Testis and Ovary: Eggs and Sperm, 735
Enzymes
Chemistry and Mechanism of Action, Volume II, Part 2, [Summer & Myrbäck] 1442
Epstein, S., editor, Allergic Pruritus, Its Dermatologic Management, 254
Evans, C. L., Principles of Human Physiology (originally written by E. H. Starling) 1734
Evans, F. R., and MacKeith, R., Infant Feeding and Feeding Difficulties, 626
Evolution
Principles of Organic Evolution, [Lindsey] 1548
Eyes: See Ophthalmology
Fabricant, N. D., Modern Medication of Ear, Nose and Throat, 957
Famous Persons
Medical Biographies: The Ailments of Thirty-Three Famous Persons, [Dale] 1264
Feer, E., Lehrbuch der Kinderheilkunde, 834
Fight Against Tuberculosis: An Autobiography, [Pettenger] 734
Flaschenträger, R., editor, Physiologische Chemie: Ein Lehr- und Handbuch für Ärzte, Biologen und Chemiker, 1264
Fleas, Flukes & Cuckoos: Study of Bird Parasites, [Rothschild & Clay] 1548
Fletcher, E., Medical Disorders of Locomotor System Including Rheumatic Diseases, 526
Florey, M. E., Clinical Application of Antibiotics: Penicillin, 1548
Fluids
Clinical Use of Fluid and Electrolyte, [Bland] 1357
Deformation and Flow in Biological Systems, [Frey-Wyssling & others] 1057
Flukes
Fleas, Flukes & Cuckoos: Study of Bird Parasites, [Rothschild & Clay] 1548
Food: See also Diet; Nutrition; Vitamins
Twixt the Cup and the Lip: Psychological and Socio-Cultural Factors Affecting Food Habits, [Cussler & deGive] 1263
Foundation: See under specific names as Josiah Macy Jr. Foundation; Milbank Memorial Fund; Russell Sage Foundation; Wicboldt Foundation
Fractures
Pictorial Handbook of Fracture Treatment, [Compere & Ranks] 1734
Frey-Wyssling, A., and others, editors, Deformation and Flow in Biological Systems, 1057
Frisch, A., Die Klinik der tuberkulose Erwachsener, 433
Frontier Nursing Service
Wide Neighborhoods: Story of Frontier Nursing Service, [Breckinridge] 255
Gardner, E., Fundamentals of Neurology, 1643
Gastroenterology
Modern Trends in Gastro-Enterology, [Jones] 62
Gavey, C. J., Management of the "Hopeless" Case, 165
Genetics
Genetics and Disease, [Kemp] 1442
Genetics of Micro-Organisms, [Catcheside] 1264
Geriatrics: See Old Age
Gesell Institute
Child Rorschach Responses: Developmental Trends from Two to Ten Years, [Ames & others] 165
Girdlestone, G. R., and Somerville, E. W., Tuberculosis of Bone and Joint, 1263
Glasser, O., and others, Physical Foundations of Radiology, 1547
God and Man at Yale: Superstitions of "Academic Freedom," [Buckley] 526
Gordan, G. S., editor, 1951 Year Book of Endocrinology, 1643
Gordon, B. L., Between Two Worlds: The Memoirs of a Physician, 63
Graf, K., Geschwülste des Ohres und des Kleinhirnbrückenwinkels, 526
Gravity
Human Locomotion and Body Form: Study of Gravity and Man, [Morton & Fuller] 1548
Gray, J., History of the Royal Medical Society 1737-1937, 1357
Great Britain
National Health Service, Cost of Health, [Roberts] 733
Study of National Health Service of Great Britain, [Peterson] 1160
Great Men: See Famous Persons
Greenhill, J. P., Surgical Gynecology Including Important Obstetric Operations, 1547
Günther, B., Fisiopatologia humana, 1262
Guthrie, D., editor, History of the Royal Medical Society (by Gray) 1357
Gynecology
Culdoscopy: New Technic in Gynecologic and Obstetric Diagnosis, [Decker] 1356
Surgical Gynecology Including Important Obstetric Operations, [Greenhill] 1547
Hall, V. E., editor, Annual Review of Physiology, 1057
Hardy, J. D., Surgery and the Endocrine System, 164
Harris, R. S., and Thimann, K. V., editors, Vitamins and Hormones: Advances in Research and Applications, 1655
Hart, V. L., Congenital Dysplasia of the Hip and Sequelae (in the Newborn and Early Postnatal Life), 1548
Harvard School of Public Health
Industry and Tropical Health: Proceedings of First Industrial Tropical Health Conference, December 8-10, 1950, 1263
Hatton, H., American Health Directory, 1264
Haynes, W. G., and McGuire, M., Textbook of Neurosurgical Nursing, 1162
Health: See also Mental Hygiene; World Health Organization
American Health Directory, [Hatton] 1264
Cost of Health, [Roberts] 733
Essentials of Public Health, [Shepard & others] 626
Health Resources in United States: Personnel, Facilities, and Services, [Bachman & others] 163
Industry and Tropical Health: Proceedings of First Industrial Tropical Health Conference, December 8-10, 1950, [Harvard School of Public Health] 1263
Inventory of Social and Economic Research in Health, [Health Information Foundation] 1356
Preventive Medicine and Public Health, [Sands] 1263
Teaching Methods in Public Health Nursing, [Leahy & Bell] 254
Health Information Foundation
Inventory of Social and Economic Research in Health, 1356
Heart: See also Cardiovascular System
Cardiography in General Practice: Electrocardiography, Vectorcardiography and Ballistocardiography, [Schaefer] 1643
Clinical Ballistocardiography, [Brown & others] 1056
Diseases of Heart and Circulation, [Peel] 1162
P-Q-R-S-T: Guide to Electrocardiogram Interpretation, [Riseman] 433
Practical Significance of Modern Cardiological Investigations, [Lowe & others] 63
Transactions of American College of Cardiology, Vol. 1: 1951, [Klein] 957
Unipolar Electrocardiogram: Clinical Interpretation, [Barker & Wallace] 254
Heggtlin, R., Differentialdiagnose innerer Krankheiten, 1161
Hematology: See Blood
Henry VIII: A Difficult Patient, [MacNalty] 1442
Heredity: See Genetics
Hickman, Henry Hill
English Pioneers of Anaesthesia, [Cartwright] 1262
Hiller, J., and Jakob, A., Die Radio-Isotope, 1357
Hip
Congenital Dysplasia of the Hip Joint and Sequelae (in the Newborn and Early Postnatal Life), [Hart] 1548
Histology
Connective Tissues: Transactions of the Second Conference, May 24-25, 1951, New York, N. Y. (Ragan) 1355
Histopathological Technic including a discussion of Botanical Microtechnic [Krajian & Gradwohl] 1055
Textbook of Histology, [Maximow & Bloom] 624
History of Medicine: See Medical History
Hoerr, N. L., Osol, A., editors, Blakiston's Illustrated Pocket Medical Dictionary, 1734
Hoff, F., Klinische Physiologie und Pathologie, 733
Holmes, G., Introduction to Clinical Neurology, 165
Hormones: See Endocrinology
Hypertension: See Blood Pressure
Illingworth, C. F. W., editor, Textbook of Surgical Treatment Including Operative Surgery, 734
Illness: See Disease
Industry
Industry and Tropical Health: Proceedings of the First Industrial Tropical Health Conference, December 8-10, 1950, at Boston, [Harvard School of Public Health] 1263
Infants: See also Children; Pediatrics
Congenital Dysplasia of the Hip Joint and Sequelae (in the Newborn and Early Postnatal Life), [Hart] 1548
Management of the Newborn, [Parmelee] 165
Treatment of Acute Dehydration in Infants, [Medical Research Council] 1656
Infectious Diseases: See Communicable Diseases
Internal Medicine
Differentialdiagnose innerer Krankheiten: Eine kurzgefasste Darstellung, [Heggtlin] 1161
Handbuch der Inneren Medizin, [Bergman & others] 625
Lehrbuch der Inneren Medizin, [Helmut & Broglie] 1161
International Pharmacopeia, Volume I, [World Health Organization] 957
Iodine
Recommendations for Waste Disposal of Phosphorous-32 and Iodine-131 for Medical Users, 1548
Jews
Between Two Worlds, Memoirs of a Physician, [Gordon] 63
Johnson, J., and Kirby, J., Handbook of Operative Surgery: Surgery of the Chest, 1262
Johnstone, R. W., William Smellie: The Master of British Midwifery, 1263
Joints
Tuberculosis of Bone and Joint, [Girdlestone & Somerville] 1263
Jell's Disease of Thyroid Gland, [Rundle] 1161
Jones, F. A., editor, Modern Trends in Gastro-Enterology, 62
Josiah Macy, Jr. Foundation
Biological Antioxidants: Transactions of Fifth Conference November 30-December 1, 1950, New York, [Mackenzie] 1057
Conference on Problems of Aging: Transactions of Thirteenth Conference, February 5-6, 1951, New York, [Shock] 1754
Connective Tissues: Transactions of the Second Conference, May 24-25, 1951, New York, N. Y. (Ragan) 1355
Metabolic Interrelations: Transactions of the Third Conference, January 8-9, 1951, New York, 1644
Kemp, L. A. W., Student's Radiological Mathematics: Elementary Mathematics Applied to Medical Radiology, 1356
Kemp, T., Genetics and Disease, 1442
Keynes, G., editor, Apologie and Treatise of Ambrose Paré Containing Voyages Made into Divers Places with Many of His Writings upon Surgery, 833
Kingreen, O., Chirurgische Operationslehre, 1162
Kirk, R. E., and Othmer, D. F., editors, Encyclopedia of Chemical Technology, 164
Klech, B., editor, Transactions of American College of Cardiology, Vol. 1: 1951, 957
Kleinschmidt, H., editor, Lehrbuch der Kinderheilkunde (by Emil Feer), 834
Knee and Related Structures: Injuries-Deformities-Diseases-Disabilities, [Lewin] 1644
Kolber, L. R., Ultraviolet Radiation, 1733
Kozman, H. C., Cassiday, R., and Jackson, C. O., Methods in Physical Education: Illustrated Textbook for Students Preparing to Teach Boys and Girls in Secondary Schools, 626
Krajian, A. A., and Gradwohl, R. B. H., Histopathological Technic Including a Discussion of Botanical Microtechnic, 1055
Kravenbühl, H., Die zerebrale Angiographie, 1734
Labor: See Obstetrics
Laboratory
Histopathological Technic Including Discussion of Botanical Microtechnic, [Krajian & Gradwohl] 1055
Spezielle klinisch-chemische Methoden, [Abelin] 1055
Lansing, A. I., editor, Cowdry's Problems of Ageing: Biological and Medical Aspects, 1055
Laryngology: See Otorhinolaryngology
Leahy, K. M., and Bell, A. T., Teaching Methods in Public Health Nursing, 254
Lee, A. E., Introduction to Abdominal Diagnosis; Handbook for Students and Practitioners, 1356
Lewin, P., Knee and Related Structures: Injuries-Deformities-Diseases-Disabilities, 1644
Lichtenstein, L., Bone Tumors, 834
Lindsey, A. W., Principles of Organic Evolution, 1548
Lipids: Their Chemistry and Biochemistry, Volume I: Chemistry, [Deuel] 1262

Book Reviews—Continued
Lippman, R. W., Urine and Urinary Sediment: Practical Manual and Atlas, 834
Locomotor System
Human Locomotion and Body Form: Study of Gravity and Man, [Morton & Fuller] 1548
Medical Disorders of the Locomotor System Including the Rheumatic Diseases, [Fletcher] 526
Lowe, T. A., Kay, H. B., and Luke, H. A., Practical Significance of Modern Cardiological Investigations, 63
MacBryde, C. M., editor, Signs and Symptoms: Applied Pathologic Physiology and Clinical Interpretations, 1442
Mackenzie, C. G., editor, Biological Antitoxidants: Transactions of the Fifth Conference, 1950, New York, 1057
Mackey, H. O., Handbook of Diseases of Skin, 1441
MacNalty, A. S., Henry VIII: A Difficult Patient, 1442
Macy Foundation: See Josiah Macy, Jr. Foundation
Mainland, D., Elementary Medical Statistics: Principles of Quantitative Medicine, 526
Manske, R. H. F., and Holmes, R. L., editors, Alkaloids: Chemistry and Physiology, Volume II., 165
Martin, G. J., Biological Antagonism: Theory of Biological Relativity, 1161
Martin, P. E., L'hypertension artérielle permanente et sa thérapeutique: Indications médicales des interventions neuroendocriniennes, 62
Master, A. M., Garfield, C. I., and Walters, M. B., Normal Blood Pressure and Hypertension: New Definitions, 833
Mathematics
Student's Radiological Mathematics: Elementary Mathematics Applied to Medical Radiology, [Kemp] 1356
Maximow, A. A., and Bloom, W., Textbook of Histology, 624
Medical Annual: See Yearbook
Medical Biographies: Ailments of Thirty-Three Famous Persons, [Dale] 1264
Medical Group Practice in California, [Weinerman & Goldstein] 833
Medical History
Apologie and Treatise of Ambroise Paré Containing the Voyages Made into Diverse Places with Many of His Writings upon Surgery, [Keynes] 833
English Pioneers of Anaesthesia (Beddoes, Davy, and Hickman), [Cartwright] 1262
Henry VIII: A Difficult Patient, [MacNalty] 1442
History of the Royal Medical Society 1737-1937, [Gray] 1357
William Smellie: Master of British Midwifery, [Johnstone] 1263
Medical Research Council
Rh Blood Groups and Their Clinical Effects, [Mollison & others] 253
Treatment of Acute Dehydration in Infants, 1056
Medical Statistics: See Statistics
Medicinal Chemistry, [Burger] 255
Medicine: See also Clinical Medicine; Diagnosis; Internal Medicine; Medical History; Physicians; Specialized Medicine; Surgery
Cyclopedia of Medicine, Surgery, Specialties, [Piersol & Bortz] 1355
Space, Physics and Medicine of the Upper Atmosphere: Study of the Aerospause, [White & Benson] 1355
Textbook of Medicine by Various Authors, [Conybeare] 1643
Mental Disorders
Developmental Disorders of Mentation and Cerebral Palsies, [Benda] 735
Mental Hygiene
Biology of Mental Health and Disease: Twenty-Seventh Annual Conference of Milbank Memorial Fund, 1057
Merck Index of Chemicals and Drugs, 1441
Metabolic Interrelations: Transactions of Third Conference, January 8-9, 1951, [Reifenstein] 1644
Microbiology
Annual Review of Microbiology, Volume 5, [Clifton] 255
Genetics of Micro-Organism, [Catcheside] 1264
Grundriss de Mikrobiologie, [Rippel-Baldes] 63
Microtechnic
Histopathological Technic Including a Discussion of Botanical Microtechnic, [Krajian & Gradwohl] 1055
Midwifery: See Obstetrics
Milbank Memorial Fund
Biology of Mental Health and Disease: Twenty-Seventh Annual Conference of the Milbank Memorial Fund, 1057
Miller, L. L., Reducing Cookbook and Diet Guide, 1442
Moeschlin, S., Klinik und Therapie der Vergiftungen, 255
Spleen Puncture, 735
Mollison, P. L., Blood Transfusion in Clinical Medicine, 1262
Mollison, P. L., Mourant, A. E., and Race, R. R., Rh Blood Groups and Their Clinical Effects, 253
Morcrieff, A., editor, Textbook on Nursing and Diseases of Sick Children for Nurses by Various Authors, 1643
Morin, J., Tuberculose: Cours de Leysin, 255
Morton, D. J., and Fuller, D. D., Human Locomotion and Body Form: Study of Gravity and Man, 1548
Muscles
Musculoskeletal System: Symposium at Graduate Fortnight of New York Academy, 1950, [Ashford] 626
Musella, M., Il cancro, (correction) 599
National Health Service of Great Britain
Cost of Health, [Roberts] 733
Study of National Health Service of Great Britain, [Peterson] 1160
National Research Council
Studies on Testis and Ovary: Eggs and Sperm, [Engle] 735
Neurology: See also Brain
Diagnosis of Nervous Diseases, [Purves-Stewart & Worster-Drought] 1644
Fundamentals of Neurology, [Gardner] 1643
Geschwülste des Ohres und des Kleinhirnbrückenwinkels, [Graf] 526
Introduction to Clinical Neurology, [Holmes] 165
Patterns of Organization in the Central Nervous System, [Bard] 833
Synopsis of Neurology, [Tatlow & others] 734
Neuropsychiatry
Foundations of Neuropsychiatry, [Cobb] 63
Neurosurgery
Textbook of Neurosurgical Nursing, [Haynes & McGuire] 1162
Newborn: See Infants
New York Academy of Medicine
Musculoskeletal System: Symposium Presented at Twenty-Third Graduate Fortnight, 1950, [Ashford] 626
Nickson, J. J., editor, Symposium on Radiobiology: Basic Aspects of Radiation Effects on Living Systems, Oberlin College, June 14-18, 1950, 1162
Nose: See Otorhinolaryngology
Nuclear Science
Annual Review of Nuclear Science, Volume I, [Curtis] 1262
Nurses and Nursing
Careers for Nurses, [Deming] 1056
Handbook of Pharmacology for Nurses, [Shestack] 1357
Teaching Methods in Public Health Nursing, [Leahy & Bell] 254
Textbook of Neurosurgical Nursing, [Haynes & McGuire] 1162
Textbook on Nursing and Diseases of Sick Children for Nurses by Various Authors, [Morcrieff] 1643
Wide Neighborhoods: Story of the Frontier Nursing Service, [Breckinridge] 255
Nutrition: See Diet
Obesity
Reducing Cookbook and Diet Guide, [Miller] 1442
Obstetrics
Culdoscopy: New Technic in Gynecologic and Obstetric Diagnosis, [Decker] 1356
Diabetes and Pregnancy, [Reis & others] 957
Surgical Obstetrics Including Important Obstetric Operations, [Greenhill] 1547
Toxemias of Pregnancy, [Dieckmann] 433
William Smellie: Master of British Midwifery, [Johnstone] 1263
Occupational Medicine: See Industry
Ogilvie, H., and Thomson, W. A. R., Practical Procedures, 1547
Old Age
Community Services for Older People: Chicago Plan, [Welfare Council of Metropolitan Chicago] 1057
Conference on Problems of Aging, [Shock] 1734
Cowdry's Problems of Ageing: Biological and Medical Aspects, 1055
Operations: See Surgery
Ophthalmology: See also Blindness
Principles of Refraction, [Beach] 62
Text-Book of Ophthalmology, Vol. V: Ocular Adnexa, [Duke-Elder] 525
Tumors of the Eye, [Reese] 255
Orthopedics: See also Fractures
Congenital Dysplasia of Hip Joint and Sequelae (in Newborn and Early Postnatal Life), [Hart] 1548
Knee and Related Structures: Injuries-Deformities-Diseases-Disabilities, [Lewin] 1644
Otology
Geschwülste des Ohres und des Kleinhirnbrückenwinkels, [Graf] 526
Otorhinolaryngology
Modern Medication of Ear, Nose and Throat, [Fabricant] 957
Ovary
Studies on Testis and Ovary: Eggs and Sperm, [Engle] 735
Pantaleoni, M., Disegni anatomici di Antonio Canova, 735
Paralysis
Cerebral Palsy Institute Proceedings, November 1950, [Abbott] 834
Developmental Disorders of Mentation and Cerebral Palsies, [Benda] 735
Parasitology
Fleas, Flukes & Cuckoos: Study of Bird Parasites, [Rothschild & Clay] 1548
Textbook of Clinical Parasitology, [Belding] 624
Paré, Ambroise
Apologie and Treatise of Ambroise Paré Containing Voyages Made into Divers Places with Many of His Writings upon Surgery, [Keynes] 833
Parmelee, A. H., Management of Newborn, 165
Pathology: See also Disease
Fisiopatologia humana, [Günther] 1262
Histopathological Technic Including a Discussion of Botanical Microtechnic, [Krajian & Gradwohl] 1055
Introduction to Pathology, [Wright] 1441
Klinische Physiologie und Pathologie, [Hoff] 733
Signs and Symptoms: Applied Pathologic Physiology and Clinical Interpretations, [MacBryde] 1442
Pediatrics: See also Children; Infants
Lehrbuch der Kinderheilkunde, [Feer] 834
Survey of Clinical Pediatrics, [Slobody] 1356
Textbook on Nursing and Diseases of Sick Children for Nurses by Various Authors, [Morcrieff] 1643
Peel, A. A. F., Diseases of Heart and Circulation, 1162
Penicillin
Clinical Application of Antibiotics: Penicillin, [Florey] 1548
Personality
Child Rorschach Responses: Developmental Trends from Two to Ten Years, [Ames & others] 165
Peterson, O. L., Study of National Health Service of Great Britain, 1160
Pharmacopea internationalis, [World Health Organization] 957
Pharmacy: See also Chemistry
Handbook of Pharmacology for Nurses, [Shestack] 1357
Hormones: Survey of Their Properties and Uses, [Council of Pharmaceutical Society of Great Britain] 1644
Merck Index of Chemicals and Drugs, 1441
1951 Year Book of Drug Therapy, [Beckman] 1643
Practical Pharmacology, [Burn] 1057
Text-Book of Inorganic Pharmaceutical Chemistry, 433
Useful Drugs, [Council on Pharmacy and Chemistry] 254
Phosphatides, [Wittcoff] 526
Phosphorus
Recommendations for Waste Paper Disposal of Phosphorus-32 and Iodine-131 for Medical Users, 1548
Physical Education
Methods in Physical Education, [Kozman & others] 626
Physical Foundations of Radiology, [Glasser & others] 1547
Physical Medicine: See also Radiology; Roentgenology
Physical Medicine in General Practice, with Twenty-Two Contributors, [Bierman & Licht] 625
Ultraviolet Radiation, [Koller] 1733
Physicians: See also Surgery
Between Two Worlds: Memoirs of a Physician, [Gordon] 63
biographies, Fight Against Tuberculosis: An Autobiography, [Pottenger] 734
biographies: Life and Work of Astley Cooper, [Brock] 735
biographies: William Smellie: The Master of British Midwifery, [Johnstone] 1263
Doctors Differ, Five Studies in Contrast: John Elliotson, Hugh Owen Thomas, James Mackenzie, William Macewen, R. W. Philip, [Lowe & others] 63
Physics and Medicine of the Upper Atmosphere: Study of the Aerospause, [White & Benson] 1355
Physiological Chemistry: See Chemistry
Physiology: See also Anatomy
Annual Review of Physiology, Volume 14, [Hall] 1057
Basic Medical Physiology, [Youmans] 1547
Circulatory Dynamics: Physiologic Studies, [Wiggers] 1357
Fisiopatologia humana, [Günther] 1262
Klinische Physiologie und Pathologie, [Hoff] 733
Principles of Human Physiology (originally by Starling), [Evans] 1734
Pictorial Handbook of Fracture Treatment, [Compere & Banks] 1734
Piersol, G. M., and Bortz, E. L., editors, Cyclopedia of Medicine, Surgery, Specialties, 1355
Pincy, A., translator, Spleen Puncture (by Moeschlin), 735
Plastics
Vinyl and Related Polymers: Their Preparations, Properties, and Applications in Rubbers, Plastics . . ., [Schildknecht] 433
Poisoning: See Toxicology
Pottenger, F. M., Fight Against Tuberculosis: An Autobiography, 734
Practical Procedures, [Ogilvie & Thomson] 1547
Pregnancy
Diabetes and Pregnancy, [Reis & others] 957
Toxemias of Pregnancy, [Dieckmann] 433

V 1
195

Book Reviews—Continued
Preventive Medicine
Preventive Medicine and Public Health. [Smillie] 253
Pruritus
Allergic Pruritus: Its Dermatologic Management. [Epstein] 254
Public Health: See Health
Public Relations. [Bernays] 1442
Purves-Stewart, J., and Worster-Drought, C., Diagnosis of Nervous Diseases, 1644
Radioactivity
Radio-Isotope: Eine einführende Darstellung ihrer biologischen und medizinischen Anwendung. [Hiller & Jakob] 1357
Recommendations for Waste Disposal of Phosphorus-32 and Iodine-131 for Medical Users, 1548
Radiobiology
Symposium on Radiobiology: Basic Aspects of Radiation Effects on Living Systems, Oberlin College, June 14-18, 1950. [Nickson] 1162
Radiology: See also Roentgenology
Physical Foundations of Radiology. [Glasser & others] 1547
Student's Radiological Mathematics: Elementary Mathematics Applied to Medical Radiology. [Kemp] 1356
Ragan, C., editor, Connective Tissues: Transactions of the Second Conference, May 21-25, 1951, New York, N. Y., 1355
Reducing Cookbook and Diet Guide. [Miller] 1442
Reese, A. B., Tumors of the Eye, 255
Refraction
Principles of Refraction. [Beach] 62
Reifenstein, E. C., Jr., editor, Metabolic Interrelations: Transactions of Third Conference, N. Y., January 8-9, 1951, 1644
Reis, R. A. DeCosta, E. J., and Allweiss, M. D., Diabetes and Pregnancy, 957
Rehabilitation
Handbook for the Blind. [Blindt] 164
Rh Blood Groups and Their Clinical Effects. [Mollison & others] 253
Rippel-Baldes, A., Grundriss der Mikrobiologie, 63
Riseman, J. E. F., P-Q-R-S-T: Guide to Electrocardiogram Interpretation, 433
Roberts, F., Cost of Health, 733
Rocket Craft
Physics and Medicine of the Upper Atmosphere: Study of the Aeropause. [White & Benson] 1355
Rodd, E. H., Chemistry of Carbon Compounds: Modern Comprehensive Treatise, 1264
Roentgenology: See also Radiology
X-Ray Protection Design. [Wyckoff & Taylor] 1355
Rogers, C. H., Text-Book of Inorganic Pharmaceutical Chemistry, 433
Rorschach Test
Child Rorschach Responses: Developmental Trends from Two to Ten Years. [Ames & others] 165
Rothschild, M., and Clay, T., Fleas, Flukes & Cuckoos: Study of Bird Parasites, 1548
Royal Medical Society
History of the Royal Medical Society 1737-1937. [Gray] 1357
Rundle, F. F., Joll's Diseases of Thyroid Gland, 1161
Russell Sage Foundation Survey
Corporation Giving. [Andrews] 1733
Saltzer, E., and others, Das Bronchuscarcinoma, 1264
Scalp in Health and Disease. [Behrman] 1056
Schaffer, A. L., Cardiography in General Practice: Electrocardiography, Vectorcardiography and Ballistocardiography, 1643
Schlidknecht, C. E., Vinyl and Related Polymers, 433
Shepard, W. P., and others, Essentials of Public Health, 626
Shestack, R., Handbook of Pharmacology for Nurses, 1357
Shock, N. W., editor, Conference on Problems of Aging, 1734
Sickness: See Disease
Signs and Symptoms: Applied Pathologic Physiology and Clinical Interpretation. [MacBryde] 1442
Skin: See Dermatology
Slobody, L. B., Survey of Clinical Pediatrics, 1356
Smellie, William
William Smellie: Master of British Midwifery. [Johnstone] 1263
Smillie, W. G., Preventive Medicine and Public Health, 253
Socialized Medicine
Cost of Health (National Health Service of Great Britain). [Roberts] 733
Study of the National Health Service of Great Britain. [Peterson] 1160
Sociology
Inventory of Social and Economic Research in Health. [Health Information Foundation] 1356
Space Medicine
Physics and Medicine of the Upper Atmosphere: Study of the Aeropause. [White & Benson] 1355
Spleen Puncture. [Moeschlin] 735
Stanley, D., Anatomy for Artists, 1441
Starling, E. H., Principles of Human Physiology, 1734
Statistics
Elementary Medical Statistics: Principles of Quantitative Medicine. [Mainland] 526
Statistics for Medical and Other Biological Students. [Bernstein & Weatherall] 624
Strauss, H., Ostow, M., and Greenstein, L., Diagnostic Electroencephalography, 735
Student's Radiological Mathematics. [Kemp] 1356
Summer, J. B., and Myrbäck, K., editors, Enzymes: Chemistry and Mechanism of Action. Volume II, Part 2, 1442
Surgery: See also Neurosurgery
Chirurgische Operationslehre. [Kingreen] 1162
Cyclopedia of Medicine, Surgery, Specialties. [Piersol & Bortz] 1355
Handbook of Operative Surgery: Surgery of the Chest. [Johnson & Kirby] 1262
Life and Work of Astley Cooper. [Brock] 735
Surgery and the Endocrine System. [Hardy] 164
Surgical Gynecology Including Important Obstetrical Operations. [Greenhill] 1547
Textbook of General Surgery. [Cole & Elman] 1547
Textbook of Surgical Treatment Including Operative Surgery. [Illingworth] 734
Talbot, N. B., and others, Functional Endocrinology from Birth through Adolescence, 733
Tatlow, W. F. T., Ardis, J. A., and Bickford, J. A. R., Synopsis of Neurology, 734
Teaching: See Academic Freedom
Testes
Studies on Testis and Ovary: Eggs and Sperm. [Nagel] 735
Therapeutics: See also Pharmacy
Modern Medication of Ear, Nose and Throat. [Fabricant] 957
1951 Year Book of Drug Therapy. [Beckman] 1643
Practical Procedures. [Ogilvie] 1547
Thorax
Handbook of Operative Surgery: Surgery of the Chest. [Johnson & Kirby] 1262
Thorpe, W. V., Biochemistry for Medical Students, 165
Throat: See Otorhinolaryngology
Thrombosis
Pathogenesis and Treatment of Thrombosis: With a Clinical and Laboratory Guide to Anticoagulant Therapy. [Wright] 1357
Thyroid
Joll's Diseases of Thyroid Gland. [Rundle] 1161
Tobias, N., Essentials of Dermatology, 1548
Toxicology
Klinik und Therapie der Vergiftungen. [Moeschlin] 255
Poisoning: Guide to Clinical Diagnosis and Treatment. [von Oettingen] 624
Transfusion: See Blood Transfusion
Treatment: See Therapeutics
Tropical Medicine
Industry and Tropical Health: Proceedings of First Industrial Tropical Health Conference, December 8-10, 1950 at Boston, [Harvard School of Public Health] 1263
Tuberculosis
Causes and Prevention of Tuberculosis. [Clarke] 253
Diagnostic and Experimental Methods in Tuberculosis. [Willis & Cummings] 164
Die Klinik der tuberkulose Erwachsener. [Frisch] 433
Fight Against Tuberculosis: An Autobiography. [Trettenero] 734
Tuberculose: Cours de Leysin. [Morin] 255
Tuberculosis of Bone and Joint. [Girdlestone & Somerville] 1263
Tumors: See also Cancer
Bone Tumors. [Lichtenstein] 834
Geschwülste des Ohres und des Kleinhirnbrückenwinkels. [Graf] 526
Tumors of the Eye. [Reese] 255
Twixt the Cup and the Lip. [Cussler & deGive] 1263
Unipolar Electrocardiogram: Clinical Interpretation. [Barker & Wallace] 254
United States
United States Government Organization Manual 1952-53, 626
Vital Statistics of the United States, 1949, 1547
Urine and Urinary Sediment: Practical Manual and Atlas. [Lippman] 834
Urology
Lehrbuch der Urologie und der chirurgischen Krankheiten der männlichen Geschlechtsorgane. [Wildbolz] 1442
Urine and the Urinary Sediment: Practical Manual and Atlas. [Lippman] 834
Useful Drugs. [Council on Pharmacy and Chemistry] 254
Vinyl and Related Polymers. [Schildknecht] 433
Vision: See Blindness; Ophthalmology
Vital Statistics of the United States, 1949, 1547
Vitamins
Vitamins and Hormones: Advances in Research and Applications, Volume IX. [Harris & Thimann] 1055
von Oettingen, W. F., Poisoning: Guide to Clinical Diagnosis and Treatment, 624
WHO: See World Health Organization
War
Battle Casualties: Incidence, Mortality, and Logistic Considerations. [Beebe & DeBakey] 1357
Weinerman, E. R., and Goldstein, G. S., Medical Group Practice in California, 833
Welfare Council of Metropolitan Chicago
Community Services for Older People: Chicago Plan, 1057
What's Inside of Me? [Zim] 1734
White, C. S., and Benson, O. O., editors, Physics and Medicine of the Upper Atmosphere: Study of the Aeropause, 1355
Wide Neighborhoods: Story of the Frontier Nursing Service. [Breckinridge] 255
Wieboldt Foundation
Community Services for Older People: Chicago Plan, 1057
Wiggers, C. J., Circulatory Dynamics: Physiologic Studies, 1357
Wildbolz, H., Lehrbuch der Urologie und der chirurgischen Krankheiten der männlichen Geschlechtsorgane, 1442
Williams, R., Doctors Differ, Five Studies in Contrast: John Elliotson, Hugh Owen Thomas, James Mackenzie, William Macewen, R. W. Philip, 63
Willis, R. S., and Cummings, M. M., Diagnostic and Experimental Methods in Tuberculosis, 164
Wittcoff, H., Phosphatides, 526
World Health Organization
Pharmacopea Internationalis, 957
Wright, G. P., An Introduction to Pathology, 1441
Wright, I. S., Pathogenesis and Treatment of Thrombosis: With a Clinical and Laboratory Guide to Anticoagulant Therapy, 1357
Vascular Diseases in Clinical Practice, 525
Wyckoff, H. O., and Taylor, L. S., X-Ray Protection Design, 1355
X-Rays: See Roentgenology
Yale University
God and Man at Yale: Superstitions of "Academic Freedom," [Buckley] 526
Yearbook
Annual Review of Microbiology, Volume 5. [Clifton] 255
Annual Review of Nuclear Science, Volume 1. [Curtis] 1263
Annual Review of Physiology, Volume 14. [Hall] 1057
1951 Year Book of Drug Therapy. [Beckman] 1643
1951 Year Book of Endocrinology (January, 1951-January, 1952). [Gordan] 1643
Youmans, W. B., Basic Medical Physiology, 1547
Zim, H. S., What's Inside of Me? 1734

C

C-5968: See 1-Hydrazinophthalazine
C-7337: See Phentolamine
C.I.O.: See Industrial Trade Unions
CADAVERS: See Autopsies
CAFERGOT: See Ergotamine with Caffeine
CAFFEINE
ergotamine combined in heat exhaustion, [Meerloo] 1248—ab
CAJAL: See Ramon y Cajal
CALCIFICATION: See Arteries; Brain; Kidneys; Lungs
CALCIUM
chloride to make water palatable, 65
gluconate injection in diazenoe hemorrhagic pericardiac effusion, [Mills] *1208
gout and "milk poisoning," [McQueen] 1258—ab
lactate treatment of subcutaneous hemorrhage, 1735
lime-soda canisters, infection from anesthetizing apparatus, [Goodman] 428—C
oxalate, recurrent kidney stones containing, 1361
CALCULI: See Bile Ducts; Bladder; Gallbladder; Kidneys; Urinary System
CALIFORNIA
state disability benefits laws compared, [Farrell] *655
University of: See University
CALORIES
fat emulsion with protein concentrate high in, [Goldberg & others] *1665
CAMOQUIN: See Amodiaquine
CAMPHORATED Tincture of Opium: See Opium
CAMPS
day, typhoid at, New York, 143
CANADA
medical schools and schools of basic sciences in, (approved) *108; (descriptive list) *137
CANCER: See also under name of organ and region affected
Adenocarcinoma: See Adenocarcinoma
American Cancer Society, (meeting, N. Y., Oct. 21-22) 701; (fellowships and traineeship) 701; (prize) 1497; (grants) 1709
clinic, Children's Cancer Clinic, Chicago, 1409
conference, annual, R. I., 597
control, Birmingham survey, 1418
control, detection, course in, (Wayne U.) 42; 1606; (Minn.) 1708
control, detection projects, 3 year screening, Tenn., 229
control, survey in Dallas County, Tex., 11
Cytology: See Cancer diagnosis

CANCER—Continued
Dade County Cancer Institute grant, Fla., 800
Detection: See Cancer control
Diagnosis: See also Cancer control
diagnosis, Bolen test, [Cerroni] 1054—ab
diagnosis, cytologic, in bronchial carcinoma, [Schaaf] 1256—ab
diagnosis, cytologic, of rectum and colon, [Bader] 1428—ab
diagnosis, cytologic, of stomach with Panico and Papanicolaou technic, [Sicard] 523—ab
diagnosis (early) of lung, [Clerf & Herbut] *793
diagnosis (false) of squamous cell cancer and trichomoniasis, [Berbtold] 1248—ab
diagnosis of male urethra by sponge biopsy, [Gladstone] *212
diagnosis, Papanicolaou smear, technique, 61
diagnosis, patients, physicians, and gastric cancer, [Cooper] *688
diagnosis, results of clotting tests in, [Friedman & others] *83
diagnosis, screening for cervical cancer in internist's office by routine vaginal smears, [Fremont-Smith & Graham] *587
diagnosis, search of spermine in blood serum, [Natali] 252—ab
diagnosis, symposium of 6 papers, [Fremont-Smith & Graham] *587; [Cooper] *688; [Clerf & Herbut] *793; [Klopp & others] *856; [Saphir] *859; [Taylor & Slaughter] *1012
etiology, carcinogenesis and pituitary: effect of methylcholanthrene, 1604—E
etiology: estrogens in massive doses for endometriosis, [Buraschi] 1634—ab
etiology: estrogen or androgen therapy induce? 756
etiology; radiation-induced breast cancer, [Lisa] 1720—ab
etiology, recurrence of gastric cancer after back injury and spine operation, 737
etiology; x-ray treatment given by skin specialists? [Sulzberger] 1612—ab
fellowships, (A. C. S.) 701; (Columbia U.) 1126
heredity in breast cancer, [Brachetto] 1157—ab
in infants and children: prostate, [Griswold] *791
in physicians, [Peller] 1426—ab
incidence in women, [Bieren] 1151—ab
lecture by Ellis Fischel State Cancer Hospital, Mo., 423
lectures at Northwestern U., 496
lectures (weekly), New York, 700
meeting, (Pa.) 596; (Va.) 597
metastases from breast to sternal lymph node chain, [Mörl] 1349—ab
metastases from prostate, bone marrow aspirations in diagnosis, [Clifton] 1426—ab
metastases, lymphatic spread of intraoral cancer, [Hendrick & Ward] *1099
metastases (pulmonary parenchymal) from breast, mechlorethamine for, 736
metastatic, of umbilicus, [Clements] *556
mortality study by WHO, 1130
National Cancer Institute, (3 year screening program inaugurated, Tenn.) 229; (Birmingham cancer survey published) 1418
occupational, (Council report) 908
pain, nerve blocking for, [Bonica] *1586
Papanicolaou Technic: See Cancer, diagnosis
patient and physician, [Taylor & Slaughter] *1012
precancerous condition: dermatomyositis, [Curtis & others] *844
precancerous condition: gastric ulcer, [Cain & others] *781
precancerous condition: ulcerative colitis, [Otani] 722—ab; [Counsell] 1255—ab
precancerous condition: undescended testes, 1163
Prevention: See Cancer control
prize, award to Dr. C. L. Larkin, Conn., 223
prize, award to Drs. Papanicolaou and Traut, 1497
prize, essay contest, Conn., 1125
prize, Kappa Kappa Gamma research award for women, Calif., 1125
quack, Mr. Hoxsey has setback, (Bureau report) 54—BI
research center dedicated, Calif., 1316
research, electron microscope for, Pa., 1319
research, grant for by American Cancer Society, 1709
research, grants for scholars in by National Research Council, 1130
research, laboratory for at Louisville General Hospital, Kentucky, 1494
research meeting (annual), Mich., 596
research project at U. of Pennsylvania, 1607
research unit, Indiana, 595
squamous cell carcinoma of esophagus, [Merendino] 1342—ab
subnormal response to cream, [Waldron] 1248—ab
treatment, effect of bilateral adrenalectomy, [West] 1628—ab; [Hollander] 1629—ab
treatment, psychic effects of sex hormones, [Hauser] 623—ab
treatment, trichlylene melamine (TEM), [Rundle] 57—ab; 1017—E
CANDIDA Infection: See Moniliasis
CAPILLARIES: See also Telangiectasia
fragility, subcutaneous hemorrhage, 1735
CAPRI Brand Evaporated Goat Milk, 1489
CARBOHYDRATES: See also Glucose; Sugar
metabolism and growth hormone, 1602—E
metabolism, changes from using ACTH and cortisone, [Boland] *1293
sea water and, in extreme privation, 1017—E
CARBON
colloidal, new for flocculation tests, Chile, 1506
CARBON MONOXIDE
titration in air, Paris, 506
CARBON TETRACHLORIDE
liver injury from, effect of dietary protein in dogs, [Bardawill] 519—ab
poisoning (acute), [Harris] 1047—ab
CARCINOGENESIS: See Cancer etiology
CARCINOMA: See Cancer
CARDIAC: See Heart
Muscle: See Myocardium
Neurosis: See Asthenia, neurocirculatory
CARDIOLOGY: See Heart
CARDIOVASCULAR DISEASE: See also Blood Vessels; disease; Heart disease
certification of specialists in, qualifications recommended by subspecialty board, *287
fellowships, Mass., 1318
Hypertension: See Blood Pressure, High
Functional: See Asthenia, neurocirculatory
pathology, registry, 229
research at U. of Kansas, 1494
syphilis, incidence of disabling diseases, [Gelperin] 715—C
syphilis, penicillin-treated, [Edelken] 1343—ab; [Ellegast] 1732—ab
CARDIOVASCULAR SYSTEM: See also Arteries; Blood Vessels; Heart; Vasomotor System; Veins
roentgen study, angiocardiography in congenital absence of right pulmonary artery, [Madoff] 1252—ab
smoking effect on, 1016—E
surgery, course by Surgical Society of Bogotá, Colombia, 1419
CARDITIS: See Heart Inflammation
CARIES: See Teeth, caries
CAROTID ARTERY: See Arteries
CAROTID SINUS
denervation for bulbar myasthenia gravis, [Thévenard] 1158—ab
denervation for epilepsy, [Bandini] 1640—ab
CARPUS: See Wrist
CARRIER: See Streptococcus
CARS: See Automobiles
CARTILAGE
cortisone in ochronotic arthritis, [Cope & Kassander] *997
CASE
Finding: See Diabetes Mellitus; Tuberculosis
CASUALTIES: See Accidents; Automobiles, accidents; Disasters; Korean War
CAT: See Cats
CATALOG: See Moving Pictures
CATARACT
congenital, and maternal smallpox, [Jelliffe] 162—ab
radar not cause of, 528
treatment; relation to glaucoma? 1735
CATASTROPHIES: See Disasters
CATERPILLAR
effects of sting of "puss" caterpillar, [Micks] 1046—ab
CATHETERS
inclosed in dressing for sucking wounds of chest, [Haynes] *1401
polyvinyl, roentgen localization of descending aorta with, [Zinsser & others] *1200
CATION
exchange resin in congestive heart failure, [Voyles] 250—ab
exchange resins in treatment of arterial hypertension, [Gill] 1430—ab
exchange resins treatment of water and sodium chloride retention, [de Gennes] 1157—ab
CATS
tuberculosis in, contracted from owner, 1736
CAUSALGIA
management of intractable pain, [Bonica] *1585
CAUSTIC POISON LAW, federal, [Jackson] 238—C
CAVAL Veins: See Vena Cava
CAVITIES: See Teeth caries
CECUM
tumors, rare ileocecal sarcoma, Turkey, 712
CELLS: See Cytology; Tissues
L. E.: See Lupus erythematosus
CELLU BRAND Products
unsalted boned chicken, 1488
CELLUGEL
vehicle for streptomycin and dihydrostreptomycin, [Stahlc] 1721—ab
CENTROPNEINE
from pancreatic extract, Paris, 152
CEPHALALGIA
frontal region, and hypertension, Chile, 810
CEREAL PRODUCTS: See Rice
CEREBELLUM
tumors, angioreticulomas, [Olivecrona] 1150—ab
CEREBRAL: See Brain
Arteries: See Arteries
Palsy: See Paralysis, cerebral
Thrombosis: See Thrombosis
CEREBROVASCULAR Accidents, etc.: See Brain
CEREBRUM: See Brain
CERESAN: See Ethyl Mercuric Phosphate
CERTIFICATION: See American Board; Psychologists
CERVICITIS: See Uterus
CERVIX Uteri: See Uterus
CESAREAN SECTION
expansion vs. restriction, [Colvin] 1719—ab
extraperitoneal, indications for, 858
Morless head extractor in, [Weisman & Carrabba] *1209; (correction) 1322
strangulation of fetus during labor indication for? 1736
CEVITAMIC ACID: See Acid, ascorbic
CHAGAS Disease: See Trypanosomiasis
CHAIRMAN'S Address: See American Medical Association
CHANCRE
syphilis as occupational hazard to physicians, 1603—E
CHANCROID
infection, 1164
CHARACTERISTICS: See Personality
CHARCOT'S JOINTS
in diabetes mellitus, [Martin] 1545—ab
CHARCOT-MARIE-TOOTH'S DISEASE: See Atrophy, muscular
CHARITY: See Medically Indigent
CHARLESTON
Conference on Medical Care in Bituminous Coal Mine Area, A.M.A. representatives at, 495
CHEESE
penicillin reactions related to ingestion of, 627
CHEILITIS: See Lips
CHEMISTRY
A.M.A. Council on Pharmacy and Chemistry: See American Medical Association
clinical, for physicians, Minn., 1708
Journal of Histochemistry and Cytological Chemistry, new journal, 1608
medicinal, research fellowship established by Parke, Davis, 1320
CHEMOTHERAPY: See also under specific substances as Nitrogen Mustard
A.M.A. Section on Experimental Medicine and Therapeutics, Symposium on, (in infections of respiratory tract) [Romansky & Kelser] *1447; (in blood stream and heart infections) [Herrell] *1450; (in gastrointestinal diseases) [Hughes] *1456; (in genito-urinary tract infections) [Nesbit & Baum] *1459; (infection of skeletal system) [Altemeier & Largen] *1462
of tuberculosis in Fitzsimons Army Hospital, [Tempel] *1165
CHEST: See Thorax
CHEYENNE, WYOMING
medical care for indigent in, (Council report) *1334
CHICAGO
Board of Health Award: See Prizes
Session: See American Medical Association
Tumor Institute elects officers, 224
University of: See University
CHICKENPOX
related to herpes zoster? 65; 1033
CHICKENS: See also Eggs
Cellu Brand unsalted boned chicken, 1488
CHILDBIRTH: See Labor; Medicolegal Abstracts at end of letter M
CHILDREN: See also Families; Infants; Maternity; Paternity; Pediatrics; under names of specific diseases
abdominal apoplexy in, [Jurishica & Vaccaro] *1115
accidents to, 1392—ab
Adolescent: See Adolescence
Adoption: See Adoption
anorexia nervosa in 4 year old child, (reply) [Leavitt] 168
bronchoscopy for atelectasis in, [Gans] 1154—ab
cancer clinic for Chicago, 1109
cancer of prostate in, [Griswold] *791
Committee on Maternal and Child Care, (Council report) 935
Crippled: See Crippled
gastrointestinal hemorrhage in, [Brayton & Norris] *668
Growth of: See Growth
Handicapped: See Handicapped
health, booklet: *Child Health Is Everybody's Business*, 1320
health, influence of TV crime programs on, 37—E
Hospitals for: See Hospitals, children's
masturbation in, 1360
muscular dystrophics in 255, [Ramsey & McCarroll] *659
nailbiting in, 958
of Service Men: See Emergency Maternity and Infant Care Program
poisoning (acute) from salicylates, 667—ab
poisoning from thallium, [Frank & Hirsch] *586
Precocious Puberty: See Adolescence
preparation for endoscopy, [Olsen & Pender] *842

V 1
195

CHILDREN—Continued
psychiatric unit for, Minn., 1489
pubic hair in 6 year old girl, 1645
rehabilitation, seminars on, New York, 700
school, free breakfast for, Sweden, 811
school, vision problems, [Witter] 618—ab
shoes and children's feet, London, 1508
sweating (excessive) of feet in, 1645
tumor registry established by American Academy of Pediatrics, 1130
U. S. Children's Bureau: See Emergency Maternity and Infant Care Program
vacations (dangerous) for, Belgium, 1615
welfare, International Study Conference on, 1231
CHILDS FOUNDATION: See Foundations
CHILE
Chilean Congress of Pediatrics, 43
CHIROPODY
training chiropodists, Denmark, 1032
CHIROPRACTIC: See Medicolegal Abstracts at end of letter M
CHLORAMPHENICOL (chloromycetin)
combined antibiotic action, (Council article) [Jawetz & Gunnison] *693
effect on leukocytes, [Lawrence & others] *454
toxicity: fatal anemia, [Hawkins; Wolman] 1543—ab
toxicity: first cases of death, London, 505
toxicity; pseudomembranous colitis, [Reiner] 1039—ab
treatment of chronic brucellosis, [Griggs] 821—ab
treatment of epidemic parotitis, [Rocca] 1259—ab
treatment plus cortisone in Rocky Mountain spotted fever, [Workman] 826—ab
treatment plus cortisone in typhoid, Italy, 1329
treatment plus penicillin cures subacute bacterial endocarditis, [Ahern & Kirby] *33
U.S.P., N.N.R., (Parke-Davis) 1488
CHLORCYCLIZINE HYDROCHLORIDE (perazil; di-paraben)
appraisal of topical use, [Ellis & Bundick] *775
CHLORDANE
poisoning, [Herroth] 715—C
CHLORIDES: See Calcium chloride; Methyl Chloride; Sodium chloride
in Blood: See Blood chlorides
CHLORONAPHTINE
blood groups altered by, Italy, 606
CHLOROACETOPHENONE
keratitis secondary to tear gas exposure, 1660
dl-CHLORODIPHENYLTRICHLOROETHANE: See Chlorophenothane (DDT)
CHLOROETHYLAMINES: See Nitrogen Mustard
CHLOROGUANIDE HYDROCHLORIDE
vs. camoquin treatment of malaria, [Singh] 1435—ab
CHLOROMETHAPYRILENE (chlorothen)
citrate, N.N.R., (description) 1221; (Whittier) 1221
CHLOROMYCETIN: See Chloramphenicol
CHLOROPHENOTHANE (DDT)
airplane spraying to prevent disease in Korea, 1137
CHLOROQUINE
hydrochloride vs. camoquin treatment of malaria, [Singh] 1435—ab
CHLOROTHEN: See Chloromethapyrilene
CHLOROTRIANISENE (Tace)
name accepted by Council, 861
storage of estrogens in human fat, [Greenblatt] 718—ab
CHLORPHENPYRIDAMINE MALEATE (chlor-trimeton)
N.N.R., [Schering] 1310
CHLOR-TRIMETON MALEATE: See Chlorprophenpyridamine Maleate
CHOLANGIOGRAPHY: See Bile Ducts
CHOLECYSTECTOMY: See Gallbladder
CHOLECYSTITIS: See Gallbladder inflammation
CHOLECYSTOGRAPHY: See Gallbladder roentgen study
CHOLEDOCHOLITHIASIS: See Bile Ducts, calculi
CHOLELITHIASIS: See Gallbladder, calculi
CHOLERA
Broad Street pump cause of, in Soho in 1854, 453—ab
fowl, Pasteurella multocida in respiratory suppurative disease, [Olsen] 819—ab
CHOLESTASIS: See Bile flow
CHOLESTEROL
atherosclerosis, effect of thyroxin and 2, 4 dinitrophenol, [Bainborough] 1532—ab
Gofman test for coronary disease? 1646
in Blood: See Blood
tolerance in coronary thrombosis, [Wang] 956—ab
CHORIONIC GONADOTROPINS: See Gonadotropins
CHORIORETINITIS
toxoplasma, in adults, [Wilder] 1246—ab
CHRISTIAN SCIENCE: See Medicolegal Abstracts at end of letter M
CHROMIUM
morbidity and mortality in chromate workers, [Brinton] 1636—ab
CHROMOBLASTOMYCOSIS
dermatitis verrucosa, Brazil, 426
CHROMOMYCOSIS: See Chromoblastomycosis
CHROMOPHOBE Pituitary Tumors: See Pituitary tumors
CHRONICALLY ILL: See Disease, chronic
CHRONOWAVE Electrostimulator, Model 320, 1311
CHYLOTHORAX
surgical anatomy: roentgen demonstration of thoracic duct, [Zuschneid] 524—ab
traumatic, after dislocation of thoracic spine, [Wright] 521—ab
CIBA Award: See Prizes
CICATRIX
benign dermal neoplasms, [Montgomery] *1102
formation, effect of cortisone, [De Kleinc] 725—ab
removal of acne scars with superficial sacrifloation, 1264
CIGARETTES: See Tobacco
CINCHOPHEN
purpura necrotica from, [Larrain] 1641—ab
CINEMA: See Moving Pictures
CIRCLE of Willis, Aneurysm of: See Aneurysm
CIRCULATION: See Blood circulation
CIRCULATORY DISEASE: See Cardiovascular Disease
CIRCUS
no drug addicts in Ringling Brothers or Barnum and Bailey Circus, [Roberts] 951—C
CIRRHOSIS: See Liver
CITATIONS: See Prizes
Military: See Korean War, Heroes
CIVILIAN DEFENSE
activities: National Medical Civil Defense Conference, (Council report) 910
medical, Council report, 911
CIVILIAN MEDICAL ADVISORY COMMITTEES
in executive departments of federal government, A.M.A. resolution on, 1698
CLAM DIGGERS
dermatitis, [Orris] 1625—ab
CLEANING
cleansing procedures after contagious discases, 257
CLEFT
Lip: See Lips
Palate: See Palate
CLERKSHIP
assignment of clinical clerks to private patients, *114; 139—E
CLEVELAND
Health Museum, open house at, 700
Health Museum's progress toward patient education, [Gebhard] *1594
CLIMACTERIC: See Menopause
CLIMATE: See also Tropics
laboratory, Medical Research Council report, London, 1330
rheumatic fever and, 256
CLINICAL
center for medical research of U.S.P.H.S., [Topping] *541
Laboratories: See Laboratories
Session: See American Medical Association trial, 650—ab
CLINICIANS
what clinician should know about electromyography, [Huddleston] *1293
CLINICS: See Cancer; Hearing; Mayo Clinic; Mental Hygiene; Paralysis, cerebral; Poliomyelitis; Sclerosis, Multiple; Speech; Tumors Group; See Medicine, practice
CLOSED SHOP Controversy: See Industrial Trade Unions
CLOTHING: See also Diapers; Shoes; Uniforms
fiberglas gowns for radiologists, 1659
CLOTTING; Clot: See Blood coagulation
COAGULATION: See Blood coagulation
COAL
Gas: See Carbon Monoxide
Miners: See Miners
Mines: See Mines
COAL OIL: See Kerosene
COBALT
1,000 Curie cobalt units for radiation therapy, [Johns & others] 829—ab
COCARBOXYLASE
treatment plus insulin in diabetic coma, [Moulin] 1353—ab
COCCIDIOIDOMYCOSIS
disseminated, [Chapnick] 1345—ab
disseminated, case in New England area, [Falkinburg] *216
fatalities after "stilbamidine" therapy, [Cohen] 1332—C
resectable mycotic lesions and acutely fatal mycoses, [Baker] *1579
CODE of Ethics: See Ethics, Medical
COITUS: See also Impotence; Libido; Spermatozoa
d-amphetamine sulfate effect on, (replies) [McLeod; Kalb] 66
gastrectomy after-effect, Paris, 152
management of sexual conflicts in general practice, [Hulse] *846
too little romance, 1735
COLCHICINE
treatment in Hodgkin's disease, Paris, 711
COLD: See also Frostbite
Agglutinins: See Agglutinins, cold
induced hypothermia for intracardiac surgery, [Cookson] 1629—ab
sensitivity to, 1349
COLDS: See also Cough; Hay Fever; Throat, sore; Tonsils, infected
air conditioning affect incidence? 257
allergic rhinitis, 1098—ab
common, Great Britain, 1420
common, severe cough after, 835
COLECTOMY: See Colon surgery
COLITIS
amebic, antibiotics and amebic dysentery, [Elsdon-Dew] 1349—ab
amebic, antibiotics and chemotherapy in, [Hughes] *1456
amebic, epidemiology, Chile, 811
amebic, in children, Chile, 810
pseudomembranous, after aureomycin and chloramphenicol, [Reiner] 1039—ab
pseudomembranous enterocolitis, [Kleckner] *873—ab
ulcerative (chronic) with carcinoma, [Otani] 722—ab; [Counsell] 1255—ab
ulcerative, corticotropin treatment, bowel perforation during, [Tullin & others] *959
ulcerative, cortisone for, [Brown & McAuley] *1587
ulcerative, ileostomy clubs, [Lyons] 812—C; [Fradkin] 1621—C
ulcerative, ileoproctostomy in, [Best] *637
ulcerative, salicylazosulfapyridine in, [Morrison] 515—ab
ulcerative, salicylazosulfapyridine in, N.N.R. (description) 1671; (Pharmacia) 1671
COLLAGEN DISEASE
concept of, 220—E
symposium, W. Va., 701
COLLAPSE: See Shock
Pulmonary: See Lungs
Therapy: See Pneumothorax, Artificial
COLLEGE: See University
Degrees: See Degrees
Education: See Education, Medical, premedical
Medical: See Schools, Medical
Students: See Students; Students, Medical
COLLOIDS
new, for flocculation tests, Chile, 1506
protective, examine urine for, with ultropak microscope, [Butt & others] *1097
COLOMBIAN
Congress of Pediatrics, 1419
Congress of Radiology, 1419
COLON: See also Cecum; Colitis; Colostomy
cancer, chronic ulcerative colitis with, [Otani] 722—ab; [Counsell] 1255—ab
cancer, cytological studies in, [Bader] 1428—ab
double, [Van Zwalenburg] 1146—ab
megacolon (congenital idiopathic), surgical treatment [State] 1153—ab
megacolon, growth related by Hirschsprung's disease, [Stammers] 1640—ab
megacolon (primary), [Bate] 245—ab
perforation of sigmoid: intraperitoneal escape of barium-enema solid, [Isaacs] *645
surgery, reestablishing continuity after colectomy, [Champeau] 1048—ab
surgery, right ileocolon to replace stomach after total gastrectomy, [Hunnicutt] 1144—ab
surgery, substitute for urinary bladder: Gilchrist operation, [Peck & Newland] *1177
tumors (adenoma), ileoproctostomy for, [Best] *637
COLON BACILLUS: See Escherichia coli
COLOR
Television: See Television
COLORADO STATE MEDICAL SOCIETY
made the silver button for the A.M.A. 1898 session; Mrs. George Miel gift to the A.M.A., 1707
COLOSTOMY: See also Ileostomy
club at Mt. Sinai Hospital, [Lyons] 812—C
clubs, value, [Fradkin] 1621—C
irrigation, apparatus for facilitating, [McSwain] *1115
COLUMBUS
Academy of Medicine, studies with Lincoln bacteriophage, [Saslaw & others] 52—C
COMA
Diabetic: See Diabetes Mellitus, coma
COMBAT: See Korean War; World War II
COMMENDATION for War Service: See Korean War, Heroes
COMMISSION: See also list of Societies and Other Organizations at end of letter S
on Accreditation of Hospitals, 929; 1225
on Chronic Illness, chronic illness and senescence, [Stieglitz] *181
on Indigent Care: See American Medical Association Council on Medical Service
to study physical disability in Norway, 145
COMMISSUROTOMY: See Mitral Valve stenosis
COMMITTEE: See also Advisory Committee; Cooper Committee; Joint Committee; National Committee; list of Societies and Other Organizations at end of letter S

150
952

COMMITTEE—Continued
A.M.A.: See American Medical Association
for Survey of Medical Education sponsored by A.M.A. Council and Association of American Medical Colleges, (report) *101; 926; 1691
on Maternal and Child Care, (Council report) 935
COMMONWEALTH
Mycological Institute of England, medical and veterinary mycology, [Ajello & others] 951—C
COMMUNICABLE DISEASES: See also Infectious Disease
Epidemics: See Epidemics; and under names of specific diseases
fatalities, Illinois, 1194
in Canada, 804
in other areas (Costa Rica, Ecuador) 498
COMMUNITY Health Council: See Health councils
COMPENSATION: See Wages
for Injuries, etc.: See Workmen's Compensation
of Physicians: See Fees
COMPLEMENT
fixation test in diseases of chest, [Peabody] *1470
fixation test in leptospirosis, 1406—E
fixation test in toxoplasmosis, [Sabin & others] *1067
COMPOUND E: See Cortisone
COMPOUND F: See Hydrocortisone
COMPRESSION
suture in Dupuytren's contracture, [Tanzer] 249—ab
COMPULSORY Health Insurance: See Insurance, sickness
CONCEPTION: See Pregnancy; Sterility
CONDUCT: See Behavior (cross reference); Ethics, Medical
CONFERENCE: See also National Conference; World Conference; under list of Societies at end; letter S
A.M.A. sponsored: See American Medical Association
on Federal Legislation, 915
CONFIDENTIAL COMMUNICATIONS: See Privileged Communications
CONGELATIO: See Frostbite
CONGRESS: See also National Congress; World Congress; list of Societies at end of letter S
Annual Congress: See American Medical Association
of Industrial Organizations (C.I.O.): See Industrial Trade Unions
U. S. legislation considered by: See Laws and Legislation, federal
University Congress of Medicine (first), Argentina, 710
CONJUNCTIVITIS
etiology: Newcastle disease virus in poultry workers, [Nelson] 615—ab
Granular: See Trachoma
Reiter's syndrome, corticotropin for, [Goldeck] 1347—ab
Reiter's syndrome, prostatovesiculitis, abacterial infectious pyuria, [Romanus] 1345—ab
CONNECTICUT
Association of Connecticut Tumor Clinics: See Prizes
CONSCIOUSNESS
localization of anatomic center of, [Kaada] 1157—ab
CONSTITUTION: See Personality; Psychosomatic Medicine
CONSULTATION
levy for patient under National Health Insurance, London, 1716
CONTAGION: See Infection
CONTAGIOUS DISEASE: See Infectious Disease
CONTAINERS
screw-top, of zinc peroxide, danger of explosion, [Pillsbury] 609—C
CONTEBEN: See Amithiozone
CONTEST: See Prizes
CONTINUATION Courses: See Education, Medical, graduate
CONTRACTURE
Dupuytren's, compression suture in, [Tanzer] 249—ab
Dupuytren's Peyronie's disease with, [Waller] 1633—ab
Dupuytren's, vitamin E in, [Richards] 1049—ab
CONVALESCENCE: See also Rehabilitation
bed rest in flexion for early intervertebral lesions, [Snell] *987
osteoporosis of immobilization in recumbency, [Stevenson] 728—ab
CONVENTION: See American Medical Association, Chicago Session; New York Session; etc.
CONVICTS: See Prisoners
CONVULSIONS: See also Eclampsia; Epilepsy
etiology: acetoxol dihydrochloride, [Featherston] *1006
manifestation of multiple sclerosis, [Williams & others] *990
seizure (mild) in infant, (reply) [Greenblatt] 450
CONVULSIONS—Continued
Therapeutic: See also Electric shock treatment; Insulin shock
therapeutic, organic hemiplegia improved by convulsive shock, [Leroy] 829—ab
treatment, evaluate standard anticonvulsants in 319 patients, [Yahr & others] *663
water intoxication in surgical patients, [Zimmermann] 60—ab
COOMBS TEST
corticotropin and Rh-negative mother, (reply) [Hunter] 1550
in acquired hemolytic anemia, [Sacks & others] *1556
COOPER COMMITTEE
military medicine, [Casberg] *1
COR PULMONALE: See Heart hypertrophy
CORDOBA, University of: See University
CORNEA
grafting act passed, London, 1330
Inflammation: See Keratitis
CORONARY
Arteries: See Arteries, coronary
Thrombosis: See Thrombosis, coronary
CORONET: See Journals
CORPSE: See Autopsies
CORPUS LUTEUM
Hormone: See Progesterone
CORTEX cerebri: See Brain
CORTICOTROPIN (ACTH)
A.M.A. Section symposium on present status of, in pediatric practice, [Bunim & others] *1273; [Stickney & Mills] *1278; [Boland] *1281; [Riley] *1288
effect in ocular tension, [Tillett] 156—ab
electroencephalogram and, Paris, 506
hemostatic defect in thrombocytopenia, [Faloon] 819—ab
importation into Great Britain, 1617
Rh-negative mother and (reply) [Hunter] 1550
Scandinavian Medical Congress report on, Norway, 151
toxicity; bleeding gastric ulcer in child, [Busby] 1431—ab
toxicity; bowel perforated during use in colitis, [Tulin & others] *559
toxicity; psychotic reactions, [Tourney] 1249—ab
Treatment: See also Agranulocytosis; Bursitis; Lens, Crystalline, retrolental fibroplasia; Herpes Zoster; Lupus erythematosus; Reiter's Disease; Rheumatic Fever
treatment, adenosine triphosphoric acid as substitute for, [Grenier] 251—ab
treatment, clinical use, [Boland] *1281
treatment, fails to prevent acute hemolytic anemia due to sulfapyridine, [Gilbert & Arnold] *95
treatment, International Rheumatic Fever Study on relative values of, cortisone, salicylates and, 1024
treatment, intradermal use, Paris, 711
treatment, intravenous and oral cortisone in asthma, [Arbesman] 1041—ab
treatment, limits and failures of in rheumatic diseases, [de Sèze] 1353—ab
treatment, long-acting preparations (adactar), [Wolfson] 826—ab; [Lamar] 1538—ab
treatment of asthma, adrenal cortical function established in, [Johnsson] 727—ab
treatment of no value in lipodystrophy of childhood type, 836
treatment or cortisone in arthritis in diabetics, 528
treatment plus cortisone, and antibiotics in fulminant hepatitis, [Ducci] 1147—ab
treatment plus cortisone, and hydrocortisone in ocular disease, [Steffensen] *1660
treatment plus cortisone and progesterone in chronic hepatic disease, [Havens] 1251—ab
treatment plus cortisone, and vitamin E in retrolental fibroplasia, [LaMotte] 155—ab
treatment plus cortisone in acquired hemolytic anemia, [Sacks & others] *1556
treatment plus cortisone in blood diseases in children, [Stickney & Mills] *1278
treatment plus cortisone in chronic active rheumatic fever, [Young] 817—ab
treatment plus cortisone in diseases of chest, [Peabody] *1473
treatment plus cortisone in herpes zoster, [Weinstein] 1641—ab
treatment plus cortisone in idiopathic thrombocytopenic purpura, [Wilson] 819—ab
treatment plus cortisone in leukemia, [Sturgis] *1554; *1555
treatment plus cortisone in nephrotic syndrome, [McCall] 1541—ab
treatment plus cortisone in nephrotic syndrome in children, [Riley] *1288
treatment plus cortisone in rheumatic fever and juvenile rheumatoid arthritis, [Bunim & others] *1273
treatment plus cortisone in rheumatoid arthritis, [Fischer] 1354—ab
treatment plus cortisone in rheumatoid arthritis, [Fischer] 1354—ab
treatment plus pranone in Rh-sensitized pregnant women, [Holmstrom] 156—ab
treatment plus testosterone and interrenalin in Addison's disease, [Bogoff] 1333—C
CORTISONE (Compound E)
acetate, N.N.R. (Schering; Upjohn) 1310
CORTISONE—Continued
A.M.A. Section symposium on present status of, in pediatric practice, [Bunim & others] *1273; [Stickney & Mills] *1278; [Boland] *1281; [Riley] *1288
British and Irish Medical Associations discuss, London, 606
effect on blood eosinophil count in fulminating meningococcemia, [Rodes] 1635—ab
effect on tuberculin type reactions, [Goldman & others] (table) *30
effect on wound healing and scar formation, [De Kleine] 725—ab
electroencephalograms and, Paris, 506
hemostatic defect in thrombocytopenia, [Faloon] 819—ab
Hydro-: See Hydrocortisone
iatrogenic adrenal insufficiency, 1222—E
importation into Great Britain, 1617
Italian convention (first) on, 50
synthesis from sapogenin in sisal waste, Medical Research Council report, 1330
toxicity; psychotic reactions, [Tourney] 1249—ab
Treatment: See also Adenoids, hypertrophy; Arthritis; Colitis, ulcerative; Dementia Precox; Pancreas inflammation; Rheumatism; Shoulder; Waterhouse-Friderichsen Syndrome
treatment, clinical use of, [Boland] *1281
treatment compared with "butapyrin" in arthritis and other musculoskeletal disorders, [Steinbrocker & others], *1669
treatment in pregnancy to prevent erythroblastosis fetalis, [Anderson] 1638—ab
treatment, International Rheumatic Fever Study on relative values of corticotropin salicylates and, 1024
treatment long-continued, in rheumatoid arthritis, [West] 1729—ab
treatment or corticotropin in arthritis in diabetics, 528
treatment, oral, and intravenous ACTH in asthma, [Arbesman] 1041—ab
treatment, oral, in alopecia areata, [Dillaha & Rothman] *546
treatment, oral, in erythema nodosum, [Schneirson] *585
treatment, oral, peptic ulcers with hemorrhage reactivated by, [Davis & Zeller] *31
treatment plus chloramphenicol in Rocky Mountain spotted fever, [Workman] 828—ab
treatment plus chloramphenicol in typhoid, Italy, 1329
treatment plus Compound F in adrenal virilism, [Jailer & others] *573
treatment plus corticotropin and antibiotics in fulminant hepatitis, [Ducci] 1147—ab
treatment plus corticotropin, and hydrocortisone in ocular disease, [Steffensen] *1660
treatment plus corticotropin, and progesterone in chronic hepatic diseases, [Havens] 1251—ab
treatment plus corticotropin and vitamin K in retrolental fibroplasia, [LaMotte] 155—ab
treatment plus corticotropin in acquired hemolytic anemia, [Sacks & others] *1556
treatment plus corticotropin in blood diseases in children, [Stickney & Mills] *1278
treatment plus corticotropin in chronic active rheumatic fever, [Young] 817—ab
treatment plus corticotropin in diseases of chest, [Peabody] *1473
treatment plus corticotropin in idiopathic thrombocytopenic purpura, [Wilson] 819—ab
treatment plus corticotropin in herpes zoster, [Weinstein] 1641—ab
treatment plus corticotropin in leukemia, [Sturgis] *1554; *1555
treatment plus corticotropin in nephrotic syndrome, [McCall] 1541—ab
treatment plus corticotropin in nephrotic syndrome in children, [Riley] *1288
treatment plus corticotropin in purpura and anemia, [Meyers] 1536—ab
treatment plus corticotropin in rheumatic fever and juvenile rheumatoid arthritis, [Bunim & others] *1273
treatment plus corticotropin in rheumatoid arthritis, [Fischer] 1354—ab
treatment plus renal extract in chronic nephritis, Italian Society discusses, 505
treatment plus streptomycin in experimental tuberculosis, [Ragazzini] 1642—ab
treatment, replacement therapy; effects of bilateral adrenalectomy [Hollander] 1629—ab
CORYZA: See Colds
COSMETICS
A.M.A. Committee on, (list of products accepted) 98; (report) 948; 1641
use of estrogen creams, [Goldberg & Harris] *790
COSMOTRON
dedicated at Brookhaven, 1614
COSTS: See Economics, Medical
COTTON
sterility of market cotton, (reply from Johnson & Johnson) [Henderson & Gaughran] 508—C; (reply from U. S. Food and Drug Administration) [Crawford] 508—C

V 1
195

COUGH: See also Colds; Hemoptysis; Sputum; Whooping Cough
  coughing cause of fracture of sternum in tuberculosis, [Bass & Small] *299
  mechanical cough chamber, [Barach & others] *1380
  severe, after common colds, 835
  syrup, alcohol in, "psychotic reaction" to antabuse therapy, [Fiske] *1110
COUMARIN: See Bishydroxycoumarin
COUNCIL: See also Health council; Medical Research Council; National Research Council; National Safety Council
  A.M.A.: See American Medical Association
  for coordination of international meetings of medical sciences under patronage of WHO and UNESCO, Switzerland, 51
  on Professional Practice of American Hospital Association, cooperative program to reduce costs of hospital care, 696—E; [Smoke] 713—C; [Gaul] 1511—C
COUNTY
  Health Dept.: See Health
  Society: See Societies, Medical: list of societies at end of letter S
COURSES: See Education, Medical
COURT Decision; Trial: See Medical Jurisprudence
COWPOX: See Vaccinia
COW'S MILK: See Milk
COXSACKIE DISEASE
  virus A2, cause of meningitic form of Bornholm disease, [Windorfer] 1543—ab
CRAMPS: See also Spasm
  night, in legs: glycerol triniltrate sublingually effective, (reply) [Powe] 630
  night, treatment with benadryl (amidryl), Denmark, 695
CRANIUM: See also Brain; Head; Temporal Bone
  craniopagus twins, [Durr] *93
  sphenoid sinus chronology, Norway, 1140
  surgery, comparison of polyethylene and tantalum for cranioplasty, [Leckhart] 247—ab
CREAM: See also Cheese
  Cosmetic: See Cosmetics
  subnormal response to in cancer patients, [Waldron] 1246—ab
CRIME: See also Imposters; Prisoners; Medicolegal Abstracts at end of letter M
  programs on TV, influence on children's health, 37—E
CRIMINAL ABORTION: See Abortion
CRIMINALS: See Crime; Imposters; Prisoners
CRIPPLED: See also Handicapped; Poliomyelitis
  Children, National Society for, 885
CROSSLEY, M. L., anticancer therapy with triethylene melamine (TEM), 1017—E
CRYPTOCOCCOSIS (torulosis)
  resectable mycotic lesions and acutely fatal mycoses, [Baker] *1579
CRYPTORCHISM: See Testes, undescended
CRYSTAL VIOLET: See Methylrosaniline
CRYSTALLIN LENS: See Lens, Crystalline
CULTS: See also Osteopaths
  designation of school of practice, state legislation on (Bureau report) 917
CUMOPYRAN: See Cyclocumarol
CURARE
  like factor in serum in myasthenia gravis, [Schwarz] 1639—ab
  muscle relaxants in anesthesia, [Foldes & others] *1559
  treatment of poliomyelitis, [Raisman] 59—ab
CUSHING'S SYNDROME
  surgery for adrenal cortical tumor in, [Oppenheimer] 1632—ab
  symptoms in boy with adrenocortical tumor of liver, [Wilkins] 1043—ab
  treated by removal of adrenal cortex tumor, [Nicks] 627—ab
CUTLER-WILDER TEST
  of adrenal cortical function in sprue, [Díez Rivas & others] *647
CYANOCOBALAMIN (vitamin B12)
  effect on lead porphyrinuria, [Frank] 1433—ab
  treatment of asthma, [Gobbato] 1731—ab
  treatment of pernicious anemia in patient sensitive to, 1058
  treatment of viral hepatitis, [Campbell] 1626—ab
  treatment plus folic acid and ferric ammonium citrate (Militzer method) to prevent perianal irritation from aureomycin, 627
  treatment (prolonged) in pernicious anemia, [Conley] 1719—ab
  treatment, single massive dose in untreated pernicious anemia, [Walker] 1728—ab
  treatment vs. liver extract in pernicious anemia, [Blackburn] 1435—ab
CYANOSIS: See Methemoglobinemia
CYCLES: See Motorcycles
CYCLOCUMAROL (cumopyran)
  comparison of coumarin anticoagulants, [Rotter & Meyer] *1188
CYCLOPROPANE (trimethylene)
  anesthesia, using ethylene and, (reply) [Murphy], 168
CYST: See under names of specific organs as Breast; Kidneys; Spleen
  Hydatid: See Echinococcosis
CYTOLOGY
  genital, courses in, Université Libre, Brussels, 41
CYTOMYCOSIS, Reticulo-endothelial: See Histoplasmosis
CYTOPLASM
  modifying test for toxoplasmosis, [Sabin & others] *1065

D

DDT: See Chlorophenothane
DABNEY'S Grip: See Pleurodynia, Epidemic
DA COSTA SYNDROME: See Asthenia, neurocirculatory
DAHLERUP, JENS V., on criminal abortions in general practice, Denmark, 1506
DAIRY PRODUCTS: See Cheese; Cream; Milk
DANCING
  studies on feet of dancers, [Rütt] 1732—ab
DANISH: See also Scandinavian
  Medical Association, functions, 1031
DARK Adaptation: See Eyes, accommodation
DARLING Disease: See Histoplasmosis
DAVISON Treatment: See Ancylostomiasis
DEAD BODIES
  Examination: See Autopsies
DEAFNESS
  Detection: See Hearing tests
  diagnosis, pure tone and speech tests, [Fowler] *678
  Treatment: See Hearing Aids
DEARHOLT Days, Wis., 1023
  Medal: See Prizes
DEATH: See also Martyrs
  adrenal cortical function at death measured by circulating eosinophils, [Jennings] 161—ab
  care of the dying, [Alvarez] *86
  Cause of: See also under names of specific diseases
  cause of: anesthetic deaths, 545—ab
  cause of: boxing and football, 1490—E
  cause of: dive in shallow water, 736
  cause of: fright (scared to death), paroxysmal ventricular tachycardia, [Harvey & Levine] *479
  cause of, in bronchial asthma, [Walzer] 618—ab
  cause of: suicide, 696—E; (correction: Sheppe instead of Sheffe) (correction) 1131
  cause of, true knot of umbilical cord resulting in fetal death, [Peterson] *1009
  electrocardiographic study of dying human heart, [Enselberg] 817—ab
  Examination after: See Autopsies
  of Fetus: See Fetus, death
  of Infants: See Infants, mortality
  of Physicians: See list of Deaths at end of letter D
  Rate: See Vital Statistics
  sudden, do amniotic emboli cause? [Tunis] 1145—ab
  War Dead: See Korean War, Heroes
DEBRIDEMENT: See Wounds
DECAMETHONIUM
  bromide, reactions to, [Duchesne] 1256—ab
  bromide (syncurine), muscle relaxants in anesthesia, [Foldes & others] *1559
  iodide, short acting muscle relaxants, London, 237
DECAPRYN succinate: See Doxylamine succinate
DECORTICATION, Chemical: See Streptodornase-Streptokinase
DECUBITUS
  ulcers, testosterone for, [Langston] 1152—ab
DEERFLY Fever: See Tularemia
DEFECATION: See Feces
DEFECTIVES: See Mental Defectives
DEFICIT: See Disability
DEFENSE: See Civilian Defense; Medical Preparedness
DEFERMENT: See Medical Preparedness
DEFICIENCY DISEASE: See Nutrition, deficiency; Rickets; Vitamins, deficiencies
DEFINITION: See Terminology
DEFORMITIES: See Crippled; Poliomyelitis
DEGENERATIVE ARTHRITIS: See Osteoarthritis
DEGREES
  baccalaureate, graduates with, in medical schools, *111; *115; *116
DEHYDRATION
  associated with potassium deficiency, potassic saline (Darrow) for, N.N.R., 489; (Don Baxter) 489
DEHYDROISOANDROSTERONE
  treatment of schizophrenic and psychopathic patients, London, 1420
DELIVERY: See Labor
DEMENTIA PRECOX
  schizophrenia: electric shock treatment, 1164
  schizophrenia in older persons, [Madden & others] *1570
  treatment, cortisone in schizophrenia, [Rees] 1257—ab
  treatment, dehydroisoandrosterone, London, 1420
  treatment, insulin dosage and prognosis in schizophrenia, [Freudenberg] 1237—ab
  treatment, intensive regressive electroconvulsive, in schizophrenia, [Garrett] 518—ab
DEMEROL: See Meperidine
DENTAL Caries: See Teeth
DENTISTRY: See also Teeth
  A.D.A. reply to unjustified criticism by Rear Adm. Lamont Pugh, 1312—E
  A.M.A. resolution on continuance of special pay for dental officers of armed forces, 1703
  A.M.A. resolution on Cooperation Between Medical and Dental Professions, 891
  A.M.A. resolution on definition of medical and dental services, 1763
  education, federal aid to, 898
DENTURES: See Teeth, artificial
DENVER
  Clinical Session: See American Medical Association
  pictures of, 862
DEODORANT: See Odor prevention
DEPIGMENTATION
  from adhesive tape due to monobenzyl of hydroquinone, [McKusick & Stacey] 1332—C
DEPRESSION: See Mental Depression
DERMATITIS: See also Acarodermatitis; Eczema
  Atopic: See Neurodermatitis
  Contact: See Dermatitis venenata
  Industrial: See Industrial Dermatoses
  of lower limb amputation stump, [Schamberg] *1653
  self-medication in, cause of increased hospital care costs, [Gaul] 1511—C
  venenata from antihistamines, [Ellis & Bundick] *775
  verrucosa, chromoblastomycosis, Brazil, 426
DERMATOFIBROSARCOMA
  protuberans, malignant dermal neoplasms, [Montgomery] *1184
DERMATOLOGY: See also Skin; under names of specific skin diseases
  American Board of: See American Board
  pruritus vulvae as seen in practice of, [Lynch] *14
DERMATOMYOSITIS
  malignant lesions associated with, [Curtis & others] *844
DERMATOPHYTOSIS: See Tinea capitis
DERMATOSIS: See Skin disease
  Industrial: See Industrial Dermatoses
DESENSITIZATION: See Allergy
DESERT Fever: See Coccidioidomycosis
DESMOIDS
  benign dermal neoplasms, [Montgomery] *1183
DESOXYCORTICOSTERONE
  acetate and electrolyte metabolism, 1223—E
DETERGENTS
  accidental intraspinal injection, neurologic symptoms after, [Winkelman] 1042—ab
  nontoxic, and Federal Caustic Poison Law, (A.M.A. Committee report) [Jackson] 238—C
  sulfur stains on bathtubs, 1163
DEVIL'S Grip: See Pleurodynia, Epidemic
DEXEDRINE: See Dextroamphetamine
DEXTRAN
  plasma expanders, [Bardin] *11
DEXTROAMPHETAMINE (dexedrine)
  effect on libido and coitus, (replies) [McLeod; Kalb] 66
DEXTROSE: See Glucose
DIABETES INSIPIDUS
  urographic changes in, [Chung & Mantell] *1307
DIABETES MELLITUS
  A.M.A. Section on Experimental Medicine and Therapeutics Symposium on, [Ricketts] *959; [Rippy] *961; [Keilding & others] *964; [Friedenwald] *969; [Stetten] *971
  case finding, Diabetes Detection Drive Nov. 16-22, 1954
  case finding, report of self-testing for sugar in urine, Gloucester study, [Getting] 616—ab
  Charcot joints in, [Martin] 1545—ab
  coma, insulin plus cocarboxylase for, [Boulin] 1353—ab
  coma: prevention; treatment, [Marble] 516—ab
  complications: arthritis: treatment with cortisone or corticotropin, 528
  complications: foot lesions, conservative and prophylactic surgical management, [Miller] *950
  complications: pregnancy, [Hurwitz] 1540—ab
  complications: pregnancy clinic, New York, 1318
  complications: pregnancy in prediabetic and diabetic women, [Kade] 728—ab
  complications: pregnancy, retinal findings in, [Snyder] 829—ab
  complications: retinopathy, [Friedenwald] *969
  complications: retinopathy, insulin dosage and hyperlipemia factors in, [Galdia] 1254—ab
  complications: tuberculosis [Dillon] 1629—ab
  complications: vascular complications, [Kelding & others] *964
  complications: vascular disease, postmortem study, [Bell] 243—ab
  course in, 597
  Diabetes Committee organized, Mass., 1126
  Diagnosis: See Diabetes Mellitus, case finding
  eosinophils (circulating) in, number varies [Ikjema] 1354—ab

DIABETES MELLITUS—Continued
experimental, recent contributions to understanding of, [Stetten] *971
fair sponsored by New England Diabetes Association, 1029
growth hormone and carbohydrate metabolism, 1602—E
hereditary aspects, 256
heredity, anticipation of inheritance, 786—E
heredity; family histories of 1,631 diabetics, [Thompson] 1629—ab
impotence in; testosterone treatment, 1361
improved outlook for patient, [Ripp] *961
in male physicians, [Mirsky] 1430—ab
insulin administration, 1736
insulin in; new zinc insulin preparations for single daily injection, [Hallas-Møller & others] *1667
internal secretion in relation to, Italian Society discusses, 505
lecture, New York, 1126
mortality, [Dublin] 617—ab
pathogenesis, Franco Prize awarded to Rodrigues Candela for work on, 1033
prize for paper on, offered by American Diabetes Assn., 1023
treatment, modern, [Ricketts] *959
DIAFOOD BRAND LOW SODIUM FOOD PRODUCTS
beef soup base; chicken soup base; jellied consomme (powdered), 1488
DIAGNOSIS: See also under names of specific diseases
Case Finding: See Diabetes Mellitus; Tuberculosis
psychiatric screening in military psychiatry, [Glass] *6; *9
white blood cell changes in clinical disorders, [Lawrence & others] *154
DIAPERS
aniline poisoning from laundry inks, [Rodeck] 1638—ab
DIAPHRAGM
Hernia: See Hernia, diaphragmatic
protrusion of liver through diaphragmatic defects, [Ravitch] 613—ab
DIAPHRAMTIC SPASM, Epidemic: See Pleurodynia, Epidemic
DIARRHEA: See also Dysentery
control, U.S.P.H.S. program 1614
etiology; aureomycin? 856
etiology; aureomycin; Militzer method to prevent, 627
etiology; excision of ileum, 528
infantile, streptomycin for, [Alexander] 1155—ab
infantile, studies on, Mexico, 1138
treatment, potassic saline (Darrow), N.N.R., 489; (Don Baxter) 489
vacations and, [Ansbacher] 509—C
DIATHERMY
coagulation for premenopausal hemorrhages and for uterine cancer, [ten Berge] 622—ab
contraindications to use of, 1292—ab
equipment manufactured prior to July 1, 1947, F.C.C. rules for, postpone effective date of compliance, (Council report), 487
DIATHESIS
spasmophilic, and gastrointestinal parasitosis, Paris, 152
DIBENAMINE
derivative (688-A), blocking sympathetic in hypertension, [Moser] 154—ab
DIBENZYLINE (688-A)
chemical blockade of sympathetic in hypertension, [Moser] 154—ab
DICHLORODIFLUOROMETHANE
"freon" poisoning in refrigeration mechanics, 1360
DICHLORODIPHENYLTRICHLOROETHANE: See Chlorophenothane (DDT)
DICKINSON Lecture: See Lecture
DICOUMARIN; DICUMAROL: See Bishydroxycoumarin
DIENCEPHALON: See Brain
DIET: See also Food; Nutrition
Calories in: See Calories
Deficient: See Nutrition, deficiency
Infant's: See Infants, feeding
meat in, Italy, 1238
Protein in: See Protein
Salt-Free: See Salt
therapeutic, in coronary disease, 835
Vitamins in: See Vitamins
DIETHYLSTILBESTROL
treatment in pregnancy cause nevus flammeus and Superficial telangiectasia in child? 1646
treatment of blastomycosis, 75
treatment of mumps orchitis, [Butti] 519—ab
U.S.P., N.N.R., (Boyle) 1495
DIGESTION
alkali reserve in acute disorders, [Schmöger] 1437—ab
DIGESTIVE SYSTEM: See also under various organs involved
dysfunction in Basedow's disease, Italian Society discuss, 505
DIGITALIS: See also Digitoxin
Foxgloves in Medicine (film review) 1338
masterpiece of clinical research, 73—ab
poisoning, [Masoni] 162—ab
DIGITOXIN
tolerance of adults vs. children to, [Mathes & others] *191
DIHYDROMORPHINONE HYDROCHLORIDE (dilaudid)
toxic overdosage, n-allylnormorphine treatment of, [Chase & others] *1103
DIHYDROSTREPTOMYCIN
treatment, "collegel" as vehicle for, in tuberculous empyema, [Stable] 1721—ab
treatment, intrathecal in bacterial meningitis? 1443
treatment of tuberculosis, [Carr] *1170
treatment of tuberculosis in Fitzsimons Army Hospital, [Tempel] *1165
treatment of tuberculous meningitis, [Somner] 1512—ab
treatment plus aureomycin or terramycin in brucellosis, [Herrell] 518—ab
U.S.P., N.N.R., (Abbott) 1405
DILANTIN: See Diphenylhydantoin Sodium
DILATOR
umbrella like, in surgical treatment of aortic stenosis [Bailey & others] *1647
DILAUDID: See Dihydromorphinone Hydrochloride
DIMENHYDRINATE (dramamine)
to control postoperative nausea and vomiting, [Burns] 718—ab
DIMERCAPROL: See BAL
DIMETHYL-TUBOCURARINE (metubine)
Iodide, N.N.R., (Lilly) 1405
DINITROPHENOL
drugs and weight reduction, 1645
effect of 2,4 dinitrophenol in cholesterol atherosclerosis, [Bainborough] 1532—ab
DI-PARALENE: See Chlorocyclizine
DIPHENYLDIAMINE HYDROCHLORIDE (benadryl; amidryl)
treatment of cramp at night, Denmark, 605
treatment, topical use, [Ellis & Rundick] *773
DIPHENYLHYDANTOIN SODIUM (phenytoin sodium; dilantin sodium)
adrenocortical function in patients with chronic epilepsy, [Staple] 951—C
evaluation of standard anticonvulsant therapy in 319 patients, [Yahr & others] *663
DIPHTHERIA
cleansing procedures after, 257
genital, [Jacobi] 1347—ab
immunization, increase in, in Great Britain, Ministry of Health report, 1508
toxoid combined with toxoid (alum precipitated), N.N.R., (Lilly) 1405
treatment, penicillin, [Romansky & Kelser] *1418
DIRT: See Soil
DISABILITY: See also Accidents; Blindness; Crippled; Handicapped; Workmen's Compensation
A.M.A. resolution on local care of service-connected disabilities, 1704
Chronically Ill: See Disease
commission to study, Norway, 145
health education through compulsory state disability compensation programs, [Farrell] *654
incidence of disabling disease, [Gelperin] 715—C
Industrial: See Industrial Accidents
DISASTERS
hospital facilities for use in, Calif., 944
DISCOVERIES: See Patents
DISEASE: See also Death; Health; Pathology; under names of specific diseases
Carrier: See Streptococcus
chronic, and senescence, [Stieglitz] (commissioned article), *881
chronic, care of the dying, [Alvarez] *86
Chronic Disease Month, New York, 40
chronic, growing problem of, among aged, [Miller] *203
chronic, prevent drying of lips and tongue in, 1443
clotting tests for coagulation profile in, [Friedman & others] *83
Communicable: See Communicable Diseases
Convalescence from: See Convalescence
denial of illness, in hemiplegia, [Nathanson] 1625—ab
Diagnosis of: See Diagnosis
Disabling: See Disability
Epidemics: See Epidemics
focal infection; modified theory, 490—E
Hazard: See Industrial Diseases
iatrogenic, London, 950
in Korea, airplane spraying to prevent, 1137
Industrial: See Industrial Diseases
Infectious: See Infectious Disease
Mental: See Mental Disorders
Nomenclature: See Terminology
of Old Age: See Old Age
Patients: See Patients
Physical-Mental Relationship: See Psychosomatic Medicine
Prevention: See Preventive Medicine
Rate: See Vital Statistics
Rehabilitation after: See Rehabilitation
Sickness Insurance: See Insurance, sickness
Spread of: See Epidemics
Standard Nomenclature of Diseases: See Terminology
DISEASE—Continued
type of illness reported in Doctor's Emergency Service, [Potter] *1095
Wildlife Disease Association, [Herman] 52—C
DISINFECTION: See also Sterilization, Bacterial
cleansing procedures after contagious diseases, 257
DISLOCATION: See Spine
DISULFIRAM (antabuse; tetraethylthiuramdisulfide)
"psychotic reaction" to, alcohol in cough syrup, [Fiske] *1110
treatment of alcoholism with antabuse, [Larimer] *79
DIVERTICULA: See Esophagus
DIZZINESS: See Vertigo
DOCTORS: See Physicians
Draft Law: See Medical Preparedness; Medicolegal Abstracts at end of letter M
DOGS: See also Rabies
bites and tetanus prophylaxis, 434
bites, treatment, 1550
cause of road accidents, England, 230
for research, 804
immunization, chick-embryo-adapted rabies virus for, [Koprowski] 1044—ab
leptospirosis in; diagnosis with agglutination or complement fixation test; treatment, 1406—E
salmonellosis in, [Galton] 1344—ab
DOLAMIN
for nerve blocking in intractable pain, [Bonica] *1585
DONATIONS: See Fellowships; Foundations; Library; Prizes; Research grants; Scholarships
DONORS: See Blood Transfusion
DOUGLAS POUCH
aspirate pus through, in pelvic abscess, [Tupper] 1349—ab
DOXYLAMINE SUCCINATE (decapryn succinate
appraisal of topical use, [Ellis & Rundick] *773
DRAFT: See Medical Preparedness
Law (Doctors'): See Medicolegal Abstracts at end of letter M
DRAMAMINE: See Dimenhydrinate
DRAWING: See Art
DRESS: See Clothing; Uniforms
DRESSINGS: See also Adhesive Tape; Truss
catheter inclosed in, in sucking wounds of chest, [Haynes] *1404
sterility of market cotton, [Silliker & Hess] 149; *1374; (reply from Johnson & Johnson) [Henderson & Gaughran] 150; 508—C; (reply from U. S. Food and Drug Administration) [Crawford] 508—C
DRINKING: See Alcoholism
DRIP
postnasal, 166; (replies) [Wolf; Goldman] 1550
DRIVERS: Driving: See Automobiles
DROMORAN Hydrobromide: See Methorphinan Hydrobromide
DROPSY: See Ascites; Edema
DROWNING
body floating on top of water, 1165
DRUGS: See also Pharmaceuticals; under names of specific drugs
Addiction: See Narcotics
Anesthetic: See Anesthesia
importation of new drugs in Great Britain, 1617
new generic and brand names recognized by Council, 861
prematurely publicized; Betaxyamine, combination of betaine and glycocyamine, 592—E
Prescriptions: See Prescriptions
Self-Medication: Self-Medication
symptomatic therapy, 841—ab
U. S. Food and Drug Administration: See Food
weight reduction and, 1645
DRILLESS Healers: See Cults
DRUNKENNESS: See Alcoholism; Medicolegal Abstracts at end of letter M
DRYING
of lips and tongue, prevention in chronic illness, 1443
DUBOS-Middlebrook Reaction: See Middlebrook
DUCREY'S Bacillus Infection: See Chancroid
DUCTLESS GLANDS: See Endocrine Glands
DUCTUS ARTERIOSUS
patent, and maternal rubella, 419—E; [Shapiro] 1512—C
patent, surgical treatment, [Dry] *19
DUKE UNIVERSITY
collection of medical pictures at, N.C., 1607
65th General Hospital Reunion at, 603
DUODENUM
cancer, diagnosis; radical excision, [Lunn] 1434—ab
cancer of third part, [Rogers] 1434—ab
cancer (pancreaticoduodenal) [Edlund] 730—ab
Fistula: See Fistula
Hemorrhage: See Peptic Ulcer hemorrhage
prolapse of gastric mucosa into, [Feldman] 1723—ab
surgery, pancreatoduodenectomy, Brazil, 1505
Ulcer: See Peptic Ulcer

DUPUYTREN'S Contracture: See Contracture
DURKEE, J. R director of Bozsey Cancer Clinic, 54—Bl
DUST
Inhalation of: See Pneumonoconiosis
DUSTING POWDER
sulfonamide, using for small wounds and abrasions advisable? 1265
DYES: See also Aniline; Evans Blue; Methylene Blue; Methylrosaniline; Staining
DYES—Continued
effect of gallbladder dyes on blood chemistry and basal metabolic rate, 1736
test for toxoplasmosis, [Sabin & others] *1065
DYING: See Death
DYSENTERY: See also Diarrhea
Amebic: See Colitis, amebic
bacillary, antibiotics and chemotherapy in [Hughes] *1457
DYSPNEA: See Asthma
DYSTROPHY: See also Lipodystrophy
evolution of hospitalized dystrophic infants, Chile, 1505
Muscular: See also Myasthenia Gravis
muscular, problem in 253 children, [Ramsey & McCarroll] *659
reflex sympathetic, management of intractable pain, [Bonica] *1585

DEATHS

A

Abel, Oliver Jr., 45
Adair, Gael Myerly, 45
Adams, Clifford LeRoy Jr., 232
Adams, Frank Mears, 808
Adams, Lynn David, 232
Adamson, Hiram Ross, 1123
Aherne, Cornelius Augustus Jr., 601
Aichner, Oscar Fred, 1500
Aikins, Lorne Howe, 45
Akwa, Carl Malcolm, 1500
Albert, Michael George, 232
Albrecht, Charles A., 1500
Alexander, Claude Edwin, 1324
Alexander, Samuel, 1133
Allen, David Kimball, 1233
Allen, Frederick Blunt, 1027
Allen, Louis Joseph, 705
Allen, Moore Lowry, 502
Allen, Robert Russell, 705
Alley, John Sewall, 45
Allis, Paul Mitten, 1027
Allison, Thomas Pinckney, 1415
Anderson, Arvid Edgar, 1612
Anderson, David Derricks, 808
Anderson, John Bradley, 1324
Andrews, Malcolm Percival, 808
Andrews, Robert Wesley, 425
Appleberry, Dailey, 1027
Aranow, Harry, 232
Archer, Cullen W., 232
Archer, Palmer Marion, 601
Arliss, Jay Elliot, 705
Armand, Guy L., 232
Armstrong, Herman Lee, 1324
Armstrong, Tremain Ernst, 232
Arnold, Asa Martin, 1612
Atwood, Blanche Louise, 705
Aurand, Samuel H., 1133
Ayres, John Chambers, 1133

B

Bailey, Charles Whitney, 1133
Bailey, Perry Wilson, 1502
Baird, Noah Wesley, 232
Baird, Waldo Brown, 1500
Baird, William Granville, 232
Baker, Byron Evans, 1133
Baker, Elven O., 45
Baker, William Hayden, 1324
Baldridge, Odus Leeper, 232
Baldwin, John Browning, 705
Ball, Ernest, 1324
Bampfield, Fred James, 1415
Barcklow, George Tingley, 1027
Barker, James Orrin, 1713
Barone, Henry, 45
Barr, Hugh, 1713
Barringer, Hiram Roy, 425
Barron, Charles Albert, 705
Barron, William Martin, 1233
Barton, John James, 1713
Bastedo, Walter Arthur, 232
Baugh, Charles William, 232
Baylis, John Norman, 1324
Baynes, Ralph Henry, 1713
Beale, Robert Somervell, 233
Beard, Archibald Hildreth, 1027
Becker, George Edwin, 233
Becker, Joseph Norman, 148
Behling, Allen Smith, 1027
Bell, Francis Eulon, 1324
Bell, Jess Vardeman, 1324
Bellinger, Clarence R., 1133
Bellinger, James Edward, 233
Bellows, Charles Mortimer, 1133
Bennett, Percival Robert, 45
Bentley, George Andrew, 1415
Berg, Walter Richard, 1713
Bergstein, Alfred Morton, 1500
Bethune, Charles William, 1324
Betts, Harrison, 233
Betz, George W., 1133
Bewley, Lylburn Hall, 1133
Bier, Paul Decker, 1415
Bigelow, Oliver Perry, 705
Bigelow, Samuel Edward, 1500
Binger, Melvin William, 233
Binney, Robert Webster, 1713
Binning, Daniel Evans, 705
Birdsall, Gregg Austin, 233
Blachly, Arthur Trew, 425
Black, Florence Atwood, 1133
Black, Herbert A., 233
Blackwell, Edward Maurice, 705
Blaine, Mitchell, 601
Blanton, James Russell, 705
Blitzsten, N. Lionel, 1233
Bolster, John Aloysius, 232
Booker, Arthur John, 1133
Boswell, John Thomas, 233
Botzer, William, 1133
Bowen, James Dinwiddie, 1324
Bowman, Frank Favill, 1324
Bradford, Glen Carl, 1027
Brantley, James Worth, 148
Bresee, Charles J., 1324
Brinkley, Frederick Cannon, 947
Bristow, Bernard Tilley, 1500
Broeder, William Hugo, 1233
Bronson, William Moffet, 1133
Brooks, Alan Goodwin, 1324
Brooks, Charles Velie, 705
Brooks, Omer Victor, 1324
Brown, Earl Henderson, 425
Brown, Fitzhugh Lee, 1133
Brown, John William, 1133
Broz, William Rudolph, 1500
Bruechert, Henry Nicholas, 148
Brumberg, Joseph, 233
Buchanan, Leslie Gill, 1133
Buchberg, Moses, 1713
Bucher, Robert Leon, 1233
Buck, Camelius Oscar, 705
Buckingham, E. Burnett, 1324
Buckley, Patrick H. J., 1233
Buckmaster, Raleigh Ankrey, 1324
Budde, Alford Edward, 1500
Buelow, Robert C., 1415
Buhrman, Rittie Ray, 1134
Burke, William A., 1713
Burr, Abram David, 233
Bushnell, William Francis, 1500
Busbong, George Sr., 233
Byrne, John I.: See Byrne, John Ignatius
Byrne, John Ignatius, 148
Byrnes, John Leonard, 233

C

Caffrey, Anthony Joseph, 148
Cain, Norman Hugh, 808
Caines, Richard John Ridgway, 1501
Caldwell, David Knox, 1324
Caldwell, Otis Alexander, 148
Calhoun, Fred, 233
Campbell, James Alonzo, 808
Campbell, William S., 705
Canby, Charles B., 1324
Canfield, Harry Eugene, 1415
Cannon, Burdelle Miller, 1027
Carefoot, George Howard, 148
Carmody, Thomas James, 808
Carpenter, William Morris, 1027
Carrigan, William Adams, 45
Carroll, Arthur Lee, 1500
Carroll, William Franklin, 1713
Carruth, Walter Everett, 808
Carson, William George, 601
Carter, George Walton, 45
Carter, Noah Dilford, 706
Casper, John P., 706
Chaffee, Clay Center, 1233
Chandler, Charles Porter, 1415
Chandler, William Vance, 1027
Chaplin, Steenie Charles, 1134
Charlton, Thomas Beatty, 148
Chase, Frank, 808
Chase, Peter Frank: See Czwalinski, Peter Frank
Check, Pratt, Sr., 1027
Chesler, Maurice, 1324
Chetwood, Charles H., 1415
Chinn, Ben David, 233
Christensen, Arthur Charles, 1501
Claffy, John McMahon, 706
Clark, Frank H., 148
Clark, George Townsend, 1324
Clark, Leslie Jesse, 1501
Clark, Newton Thomas, 148
Clark, Robert Ernest, 45
Clarke, Elmer Albert D., 1501
Claypool, Blaine Wilson, 1028
Cleasby, Ernest M., 1028
Cleave, David Price, 1324
Clements, Robert, 1713
Coady, John Jay, 1324
Coates, Thomas Gordon, 1501
Coats, Jasper M., 601
Cobb, Tyrus Raymond Jr., 1134
Coble, Aaron C., 233
Cochran, Francis Bruce, 502
Cochran, William W., 1324
Codman, Charles A. E., 705
Cody, Michael Milton, 1134
Coffey, George W., 1501
Coffin, Samuel David, 706
Cohen, Joseph Powitzer, 808
Cohen, Meyer, 1028
Cohen, Morris, 1028
Cohn, Allan Largess, 1501
Cohn, Harold Samuel, 1325
Cole, Frank Oliver, 1028
Collings, Clyde Wilson, 706
Collins, Paul Augustus, 706
Collischonn, Philip, 1028
Condran, Jeremiah James, 706
Conlon, Leo Vincent, 601
Connell, E. DeWitt, 1134
Conner, Thomas Elmer, 1134
Conyers, Joseph Leon, 1501
Coogler, Adrian Colonna, 502
Cook, Emmett Francis, 1325
Cooke, Robert, 1612
Cooper, Everette Lucius, 233
Cooper, Oswald O., 947
Copeland, Cecil Clare, 233
Copeland, George W., 45
Copenhaver, Kyle Cornett, 1233
Cornelius, Lester Barnett, 1134
Cornwall, Andrew Payne, 706
Coulter, Wilbur Edwin, 808
Cowgill, Charles Hall, 1134
Craig, Robert Russell, 1325
Crary, Richard Howard, 1134
Craven, Oscar Millson, 706
Crawford, John Kerr, 233
Crawford, Paul Blume, 706
Cremer, Victor Henry, 1415
Creveling, Cyrus Robbins, 1233
Cronin, John Stephens, 706
Crosson, Henry Joseph, 1233
Crowell, Geoant Sr., 425
Cruikshank, George Hough, 1028
Cunningham, John Milton, 233
Curley, Cornelius Clifford, 425
Currence, John De Paul, 1501
Curry, Fillmore Smith, 45
Curry, John Milton, 1234
Cytronberg, Seweryn S., 1501
Czwalinski, Peter Frank, 45

D

Dabney, Albert Smith, 1611
Daigle, Clifton Clermont, 233
Dalton, James Breckenridge, 808
Daly, Bert, 1134
Dampeer, Joseph Hughston, 233
Danahey, Thomas Joseph, 1134
Daniels, Derwin Dodd, 148
Dattner, Bernhard, 502
Davey, Roy William, 706
Davidson, Benjamin, 233
Davidson, Green LaFayette, 1713
Davis, Andrew Stubbs, 502
Davis, Charles E., 808
Davis, David Moore, 1325
Davis, Edgar Crosse, 1713
Davis, Lincoln, 233
Davis, Murray Bell, 808
Davis, Robert Lee, 1612
Davis, Stanley Spencer, 1325
Davis, Thomas W., 45
Davison, Royden Winthrop, 1501
Davitch David Herman, 1134
Deal, Leon West, 1234
Dearborn, Henry Hale, 1028
DeArmit, Lillian, 425
DeFeo, Amos, 1501
DeMello, Joseph, 233
DeMoss, Edwin Childress, 1134
DeNatale, Frederick Joseph, 706
Denaut, James Lancaster, 1134
Dendy, William Steele, 706
Denton, William Lemmon, 1325
Derrick, James Michael, 1028
Devlin, Thomas Frank, 45
de Yoanna, Aurelius, 1612
Dick, Everette Wesley, 1501
Diepenbrock, Anthony Bernard, 1133
Dierker, Frank Henry, 1028
Diess, William Charles, 425
Dieterich, William Clay, 1612
DiFiglia, Samuel Ernest, 1713
Dionne, Ulric Albany, 1415
Diserood, Benjamin Franklin, 233
Dixon, Henry Marshall, 1501
Dobbs, James Cole, 1028
Dodd, Harry Lee, 425
Dolan, Leo Patrick, 45
Dolan, William Edward, 601
Donato, Anthony Angelo, 706
Donnelly, Robert Joseph, 706
Dorr, Frank Willard, 1134
Dowd, James Edward, 1234
Downs, Maggie Yelton, 1415
Dozier, Robert Lee Sr., 1028
Drew, Charles Aaron, 808
Dudley, Erwin Frank, 1134
Duffey, George Woodward, 1134
Dunn, William Willcox, 233
DuPriest, Robert White, 707
Durham, Ray Samuel, 502
Dysart, Benjamin Quincy, 808

E

Eckhardt, John Carl, 1234
Edgar, Russell Graham, 233
Edstrom, Andrew J., 1028
Edwards, Gene Traylor, 1134
Edwards, John Watson, 706
Egbert, Thomas Hiram, 1028
Eggleston, Stephen Archer, 1134
Ehrhardt, Charles Frederick, 1325
Ehrlich, Harry Emil, 706
Ehrmann, Fred J. K., 233
Ellinor, Talmai Zethor, 1415
Elkins, Harry, 1713
Eller, Albert J., 45
Elliott, Roy Howe, 1134
Elliston, Arthur Gill, 233
Elsaesser, Armin Emil, 1713
Elser, William James, 706
Ely, Francis Argyle, 1415
Ely, Richard Skinner, 1501
Engle, Roscoe Monroe, 1501
English, Harry Edward 233
Equi, Marie Diana, 706
Eskell, Bertram Cecil, 1028
Esserman, Arthur Lewis, 1234
Estill, Robert Jullan, 1325
Estrin, Joseph Zachary, 1612
Evans, George Edwin, 1134
Evans, John Lillie, 45
Evans, John Thomas, 1612
Ezekiel, Gerald A., 1134

F

Fabyan, Marshal, 1713
Fago, Paul George, 502
Fahey, Edward W., 1501
Fahey, William Arthur, 1134
Falkener, William White, 1325
Fawcett, Arthur Jesse, 1415
Fehr, Harry John, 1234
Fellows, Marie Alice, 706
Ferebee, Luther Clyde, 234
Ferguson, Clara, 601
Ferrell, Jesse Egbert, 601
Ferris, Francis Scoffin, 601
Fidler, Rosa Schofield, 234
Fine, Morris Aaron, 1028
Fishberg, Mark, 1134
Fisher, George Garthwaite, 1133
Fisher, Jesse, 1028
Fisher, Joseph William, 1233
Fitch, Dorsey P., 1134
Fitch, Willis Bryan, 1612
Flannelly, Joseph A., 234
Fleeter, Meyer Aaron, 425
Fochtman, Lloyd Henry, 502
Fogg, Allston Lincoln, 1415
Foltz, J. Elliot, 1234
Fontaine, William James, 1612
Foote, James Arthur, 1713
Foreman, Arthur Petherick, 601
Fortney, Mary Jennettie F., 1134
Foster, Ira Curtis, 1612
Foster, Paul Cameron, 601
Fouiks, Wallace Scott, 1234
Fowle, Frederick Filer, 1612
Fowler, Royale Hamilton, 1028
Francis, Harry Whiting, 1134
Frank, Myrtile, 808
Frank, S. Rosa, 1713
Franklin, David, 502
Franz, Jesse Albert, 234
Frederick, Donald Barton, 502
Freeman, Otto Leon, 234
Freitag, Abraham, 1713
Fuendeling, Valdi Rounds Bush, 1028
Fuerth, Karl, 502
Fuller, Melvin Herrin, 425
Fulton, George, 601

G

Gaines, Everett C., 1028
Galanti, Charles Pascal, 234
Galloway, David 1234
Galloway, George, 1134
Gambrell, William Mooney, 234
Gans, Charles Core, 234
Garland, Cornelius Nathaniel, 234
Garner, James Ryan, 947
Garrett, Charles Reece, 234
Garrett, Robert C., 601

150
952

Deaths—Continued
Garrison, Clinton Dudley, 601
Garvey, Thomas Quincy, 234
Garvin, Leo Vernon, 1028
Garvy, Andrew Cosmas, 1028
Gaskin, Lewis Roy, 1234
Gaskins, William Harvey, 234
Geiringer, David, 1028
Gelnett, William Harold, 502
George, Philip Rogers, 1325
Geringer, Richard Connell, 1415
Germann, Melinda C. Knapheide, 234
Gersack, John Roberts, 234
Getelman, Ralph Ehrlen, 234
Getzendanner, Harvey F., 234
Gibson, Arthur Collis, 1134
Gilbride, John J., 45
Gilding, Joseph Peter, 1134
Gillespie, Chauncey Marshall, 808
Gillette, Harry Edwin, 502
Gilliam, David Botimer, 234
Gilmartin, Albert Edward, 1028
Giordano, Anthony Mariano, 808
Gipple, Warren Long, 234
Gittens, Theodore P., 1028
Glendinning, William Bell, 1134
Gmeiner, Clarence Charles, 234
Godbey, John Quincy, 1501
Godsey, Wash M., 148
Goffman, Emanuel, 1134
Goldberg, Sidney Isaac, 601
Goldsmith, Joseph Washington, 234
Gordin, Stanley Bernard, 1234
Gorin, Nathan, 1713
Gorsky, Samuel, 1028
Gorten, Manfred Lewis, 1028
Gosline, Harold Inman, 232
Graham, Christopher, 45
Graham, Harrington Bidwell, 1027
Graham, Stephen Harry, 1134
Graham, William J., 45
Grandison, Louis Julian, 234
Grant, John Evans, 1415
Gray, John Wilson, 601
Gray, Robert Lochead, 706
Greason, Woodard B., 1612
Greenwood, Austin Ellsworth, 1234
Greenwood, Mitchell, 1612
Gregoire, Joseph A., 234
Griffith, John Quintin, 1501
Griffith, Joseph Kimberlin, 809
Grimes, Marvin, 1234
Grob, Arthur R. F., 1612
Groom, Walter W., 1612
Grossman, Herman Paul, 502
Grunfeld, Lewis, 503
Grunfeld, Ludovicum, see
  Grunfeld, Lewis
Guensberg, Marcus, 1415
Gundelach, Charles Armin, 234
Gunion, John Paul, 234
Gunn, Neil Mackay, 1234
Gunzenhauser, Isidor Hermann, 1415
Gutierrez, Frank Andrew, 706

H

Habenicht, Mae Hall, 1234
Haeffner, Albert William, 1612
Haggerty, Daniel Roger, 1325
Hagopian, Michael, 1028
Hailey, James Henry Jr., 1234
Hair, Wilfred Lorenz, 1028
Hair, William Benjamin, 1325
Halleck, Paul Parker, 1325
Hallinan, Joseph Daniel, 1028
Halloran, Edward Joseph, 1325
Hamilton, Harriett Spera, 503
Hamilton, Hubert Lee, 1134
Hammer, Walter Paul, 601
Hamner, Benjamin Harold, 1028
Hamrick, Robert Hampton, 1612
Hanna, James Francis, 1612
Hannan, Edward Joseph, 234
Hann-Kende, Fanny von 503
Hanrahan, Edward Mitchell, 1027
Hanretta, Aloysius Thomas, 1135
Hanson, Frank Herbert, 1028
Hanze, Henry Gus, 234
Harder, Henry, 45
Hare, John Herbert, 1612
Harman, William Cloud, 1612
Harris, Allen Hickey, 148
Harris, Eva Lillian, 1415
Harris, Sandy Russell, 234
Harrison, King William, 45
Harrison, MacMillar, 1501
Harry, Felix L., 706
Hart, Arthur T., 1135
Hart, Julius Garwood Jr., 1029
Hartzo, James Daniel, 1415
Hascall, Theodore Conrad, 809
Haselden, George Belford, 706
Haskell, Nelson Cary, 503
Hawk, Mortimore Casy, 1234
Hawkins, John Ruskin, 234
Hawks, Joseph K. P., 148
Hawley, James Leeper, 1501
Haynes, John Stephen, 1501
Haynes, John Steven, see
  Haynes, John Stephen
Hays, Edward R., 1612
Heck, Edson Burr, 1325
Hedges, Leland Gilleland, 503
Heery, Frank Patrick, 503
Herly, Louis, 148
Herrenkohl, Albert H., 45
Herring, Alvah Livingston, 1612
Herring, John Hansell, 425
Herron, Carroll Edward, 46
Hersey, Fred D., 809
Hibbard, James Sutherland, 706
Higgins, Irving Wilber, 1234
Hill, Robert Sommerville, 46
Hill, William Everett, 809
Hilliard, Joshua, 1612
Hinkley, Frederick Josiah, 809
Hinman, Adin Vincent, 1135
Hirschfeld, Siegfried, 46
Hirsh, Joseph Emmet, 1612
Hirst, Elizabeth, 503
Hobbs, Harry Kane, 1325
Hodam, Joseph Adam, 1325
Hoenig, Andrew Ladislau, 1234
Hofmann, Albert Peter, 1135
Holloway, Eiza Elvis, 148
Holly, Julius David, 1501
Holm, Peter Frederick, 602
Holman, Albert William, 1613
Holman, Austin Webster, 1029
Holsti, Osten Nikolai, 1325
Hooper, Joseph Ward, 1234
Horn, Samuel Wilson, 503
Horner, Ernest Justin, 1501
Horton, Wade Hampton, 503
Hotham, Brentwood Harland DeVere, 1029
Hoyme, Gjermund, 148
Hoyt, John E., 503
Hoyt, Jonathan, 706
Hughes, Robert Lee, 148
Hughes, Singleton Bernard, 809
Hume, Harold Clay, 503
Humphrey, Thomas Stanton, 1713
Humphreys, Alexander S., 1713
Hundley, James Burnett, 503
Hunt, Luke Weldon, 1029
Hunt, William Robert, 1135
Hunter, Joseph William, 1234
Huston, Herbert Marc, 46
Hutchinson, Lee Roy, 148
Huyck, Clifford John, 1135
Hyland, Clarence Michael, 705

I

Iddings, John Warren, 1501
Ide, David, 706
Irvin, George Hoff, 503
Israel, Isaac Joseph, 503
Ivey, Robert Robbins, 46

J

Jack, Louis Foster, 425
Jackson, Arley Martin, 1325
Jackson, William Emmett, 46
Japha, Alfred Frederick, 1234
Jeans, Philip Charles, 1500
Jenkins, Don Juan, 1501
Jennings, Kenneth D., 1135
Jenson, Conrad Heber, 1234
Jentgen, Leo George, 1234
Jewell, Benson Mundy, 1029
Joannides, Minas, 705
Johnson, Aldis Adelbert, 1611
Johnson, Charles Henry, 46
Johnson, Edward Hinman, 1613
Johnson, Leonard Zachariah, 1416
Johnson, Milton John, 809
Johnson, Oscar Victor, 809
Johnson, Robert Lloyd, 1135
Johnston, Charles Wesley, 1613
Johnston, James Gilliam, 1325
Jones, Andrew MaCaulay, 1135
Jones, Archie Austin, 1325
Jones, Claiborne Turner, 1325
Jones, Earnest Eugene, 503
Jones, Elgin Wilbur, 1234
Jones, Frank Sylvester, 1501
Joseph, George Earl, 1713
Jungman, John Drummond, 809
Jurist, Charles, 1234

K

Kaa, Niels Anderson, 1325
Karfiol, George Jacob, 46
Karn, Robert Burns, 1501
Karshner, Rolla George, 502
Kay, Milton Boyd, 1613
Keefe, Edward M., 503
Keeler, Elon Theodore, 1416
Keith, Claude Hill, 1613
Kelley, Alfred L., 1135
Kelley, John Martin, 1029
Kelly, Daniel James, 706
Kennedy, John Alvin, 1234
Kenney, Howard Joseph, 1416
Keown, Thomas William, 1135
Kermisch, Albert, 809
Keyser, Linwood Dickens, 1611
Kidder, John Jesse, 1501
Kilpatrick, George Carleton, 1416
Kimble, Thaddeus Carey, 1613
Kimbrough, Wallace Calvin, 1325
Kime, John W., 1135
King, David Hendric, 706
King, Earl Harold, 1501
King, James R., 1613
Kingman, William Henry, 1325
Kingsley, Glenn Edwin, 1613
Kinney, Willard Hell, 1027
Kinzel, Chester Earle, 1713
Kirkendall, Edward Taylor, 503
Kissell, Francis Marion, 503
Kilatshco, Mark Gordon, 809
Knichel, Joseph, 1613
Knight, Samuel Lewis, 1501
Koonce, S. Everett, 1135
Koschalk, Joseph, 1416
Kraemer, Charles Frederick, 706
Kristan, George Frank, 1502
Krone, Henry Jr., 425
Kulis, Jacob G., 1135

L

Lacy, Robert Yearger, 1135
LaFever, Sidney Lewis, 1029
Laidley, Wallace Gilmour, 1416
Lamb, Robert Brockway, 45
Lambert, Adrian Van Sinderen, 1502
Langworthy, Orthello Sidney, 1613
Lanier, John Roy, 1613
Lannin, Justin C., 1714
Lanyon, Searle Henry, 706
Larkin, Leo Carroll, 1135
Lawler, Thomas Augustus, 148
Lawson, Frank W., 503
Leake, William Walter, 1135
Leatherman, Cameron Arthur, 1714
Lechner, LeRoy Yohn, 1325
LeCron, Wilbur L., 1135
Lederer, Max, 1234
Lederman, Moses David, 1027
Lee, James Parrish Jr., 1029
Lehman, Paul, see
  Lehmann, Paul
Lehmann, Paul, 1502
Lehmberg, Charles Edward, 1135
Lehrer, Herman M., 425
Leicht, Oswald, 1613
Leigh, Armistead Macon, 1135
Lemery, Benjamin David, 1325
Lemon, Frank J., 1325
Lemon, Leon Bunyan, 1234
Lent, Sylvester Mead, 707
Leslie, Ermil Theodore, 1029
Leventhal, Nathan Lewis, 1135
Levy, Louis, 1611
Lewis, Arthur Cuthbert, 503
Light, Frank Phenecie, 1325
Likely, David Stanley, 1234
Lindeman, Howard Edward, 1234
Lindemann, Adolf D., 503
Linn, Frank Deo, 46
Little, Bessie Belle, 1325
Lloyd, Henry Demarest, 1415
Lock, Arthur Lincoln, 1502
Logie, Arthur Jones, 705
Lohrmann, Henry, 425
Lojacono, Salvator Charles, 1235
Lomas, Willis Alvin, 503
Lorio, Lionel Francis, 503
Love, John King, 1613
Lovelady, Sim Bedford, 1415
Luckie, Lorenzo Foster, 1416
Lundquist, Elmer Ferdinand, 1326
Luten, Joseph B., 1135
Lutyens, Henry Edward, 503
Lux, Paul, 1235
Lyle, William David, 1502
Lynch, George Hubert, 602
Lynch, Paul Vernon, 503
Lytle, Franklin Pierce, 1029

M

Maag, William Dovey, 1613
Mabry, James Delma, 1326
Maby, William John, 1135
McAllester, Ralph William, 947
McBee, Kirby Smith, 1235
McCarthy, Lawrence Joseph, 1326
McCaw, William Walker, 1713
McClanahan, Victor A., 1714
McClintic, Clifton Forest, 425
McClure, Ernest Covey, 148
McConnell, William C., 1714
McCord, Zack Hagan, 47
McCormack, William Goulding, 1135
McCormick, Frank Leslie, 707
McCormick, George Warren, 602
McCown, Oswald Stuart, 1135
McCreery, Robert Charles, 1714
McCullough, John Hodgson, 707
McDonald, Carl Lenz, 148
McDonald, Daniel Webster, 1416
McDonald, James Francis, 601
McDonald, William Drury, 1029
MacDonell, Donald Francis, 947
McDonell, James J., 1502
McGowan, Michael J., 1235
McGuire, Walter George, 1135
McGuire, William Charles, 503
MacInnes, Kenneth, 1135
Mackay, Albert Edward, 1611
Mackay, Edward Hart, 503
MacKay, George Finlay, 1135
McKee, Otto Sexsmith, 503
McKenzie, Albert Clarence, 46
McKey, Earle Sinclair Jr., 148
McKinnon, Hector Alonzo, 149
MacMillan, John Wales, 707
McMurry, James Finley, 1326
MacPhail, James Abram Garfield, 1235
McPhail, Walter Neil, 1613
McRaven, Claude, 1714
Maddan, Martin Crowell, 1135
Magrath, Francis Edmund, 46
Malcolm, William Alexander, 503
Maloney, William J. M. A., 1235
Mammarella, Settembre, 1613
Manget, James De Pass, 1135
Mankin, J. Ward, 46
Marker, Emlyn Richard, 1326
Marsden, Thomas Blaine, 1326
Marsh, Adelbert W., 46
Marshall, Harley, 1135
Marshall, William J., 1233
Martin, Claude J., 1235
Martin, James Cordie, 504
Marvell, Mary Wilbur, 1135
Mason, James Monroe, 1611
Mathews, John Reid, 1326
Mathews, Richard Leonard, 1136
Maxwell, Andrew Evans, 46
May, Ross Reynolds, 707
Mecklin, Harvey Haman, 149
Meding, Charles Bramman, 1326
Meese, David, see
  Meese, Lee David
Meese, Lee David, 1416
Meggers, Edward Charles, 1235
Meilicke, William Alexander, 1326
Meisenhelder, Edmund Webster, 425
Meixell, Edwin Wesley, 46
Mercer, Edward H., 1326
Mercer, Richard Edward, 1713
Merrell, Frank Guy, 707
Merrick, Edward H., 809
Merrill, Walter Hibbard, 504
Merten, Peter Joseph, 1613
Messinger, Milton Phipps, 1326
Metz, Samuel Franklin, 1136
Metzen, John Anthony, 1136
Meyer, Edward Charles, 1136
Meyers, Max Irving, 1136
Michelson, Rudolph A., 1136
Middleton, Alonzo Bolen, 1235
Miller, Charles R., 1613
Miller, Edmund Wallace, 707
Miller, George Isaac, 707
Miller, Harold Applegate, 1235
Miller, Heyman Rudolph, 808
Miller, Howard U., 1326
Miller, Hugh, 1613
Miller, Loren Bertrand, 504
Miller, Thurlow Spragge, 504
Mills, Clifford, 1324
Mills, Herbert Raphael, 504
Mitchell, Albert Melvin, 1611
Mix, Bronislaus John, 1136
Mize, Guy Hayne, 1714
Mocas, Demetrius Papanicolaou, 1136
Mogan, William Edward, 1613
Montefiore, Herbert Nathan, 1235
Montgomery, Henry L., 425
Montgomery, James Redman, 1613
Moody, Earle Farley, 947
Moody, Harold Payne, 947
Moore, Benjamin Harrison, 1235
Moore, Garfield B., 504
Moore, Robert Martin, 232
Morgan, Edward A., 46
Morgan, Ernest Luther, 1136
Morley, Francis Wayland, 1235
Morr, John W., 1714
Morrow, John Cunningham, 1136
Morse, Charles Edward Jr., 234
Moschelle, Judson D., 1613
Mosier, Daniel Darlington, 149
Mosley, Robert Arlis, 1136
Moulden, William Raymond, 504
Mount, Hubert Augustus, 1136
Mounts, Leonard, 1326
Mowry, Classen, 149
Mullen, John Joseph, 1029
Mullowney, John James, 1500
Munn, Aristine Pixley, 234
Murphree, Claude L., 947
Murphy, Charles Tracy, 1029
Murphy, David Law, 1326
Murphy, George Hagen, 1136
Murphy, Mary-jean, 1326
Murray, Peter G., 1029
Murt, Roland Sumner, 504
Musser, Fred Cowley, 504
Mussum, William George, 1029

N

Nadler, Walter Herman, 1235
Nady, Andrew, 1326
Napheys, William Davison, 1714
Napieralski, Stella Henrietta, 1502
Nash, John Francis, 1029
Naylor, Archibald Enos, 504
Neal, Paul Ardeen, 1233
Neil, Thomas Franklin, 1136
Nesbit, Alice Pitkin, 504
Nettelroth, Alexander W., 1136
Neuendorf, Frank Mathias, 1235
Neuer, Jack, See
  Neuer, Jacques
Neuer, Jacques, 46
Neumann, Harry Aaron, 1029
Nevitt, James Ramsay, 947

Deaths—Continued
Newcomer, Elizabeth Horneman, 1136
Newcomer, Irving, 707
Newman, Melvin Max, 1235
Newman, William Vernon, 1029
Newton, Louis, 1613
Nicholson, John Lawrence, 1714
Niles, Edward Harry, 1136
Noble, Joseph Glass, 1502
Noble, Kenneth, 1326
North, Lewis Lyova, 1136
Northrop, Robert Starr, 707
Nowak, Joseph Francis, 1326
Nutter, Robert Allen, 1136

O

O'Brien, George Gilbert, 1136
O'Brien, Helen Druhan, 1326
O'Brien, John Daniel, 809
Ochsenhirt, Norman Charles, 502
O'Connell, John C., 809
Oesterlin, Ernst Julius, 1326
O'Hern, Maurice C., 504
Ohlbaum, Clarence Joseph, 504
Okerlin, Oscar William, 1235
O'Neil, Charles H., 1136
O'Neill, Charles Leo, 1029
Ornsbee, James L., 1235
Osborn, Horatius Dwight, 504
Osborne, LeRoy Jakway, 809
Overton, Valdy Clinton, 1235
Owen, Elijah Mobry, 1029
Owen, William Cornwallis, 1235
Owens, William Duncan, 1027
Owensby, Newdigate Moreland, 502

P

Page, John Marshall, 1136
Palmer, Harold William, 707
Pankhurst, Charles T., 1136
Parizo, Harry Lester, 425
Park, Francis Edwin, 1136
Parker, Edward Stuart, 1502
Parker, Frank Clavelous, 602
Parker, Wilbur Bird, 425
Parmenter, William Watts Jr., 1235
Parrish, Rebecca, 1136
Paulson, Adolph Theodore, 1136
Pay, Wilson Cyrus, 1235
Payne, John Bosworth, 504
Pearlstein, Maurice, 1416
Pearson, Richard James, 1714
Peebler, Ora Fay, 149
Peeler, John H., 1714
Peffers, Ida Belle, 1136
Pelka, Karl Frederick, 947
Pendell, Bernard Hyson, 504
Perkins, Raymond George, 1235
Pernokis, Evans William, 1613
Perreault, Raymond Richard, 809
Perry, Edward Louis, 1326
Person, Edgar Cooper Jr., 1235
Peschau, Waldo Edward, 1029
Pettit, George Dewey, 809
Phelps, Myron, 46
Phillips, Isaac Hildreth, 1235
Phillips, William W., 425
Piercy, Robert Lee, 602
Pine, John Suhiers, 1326
Pitchford, William Nash, 149
Pitman, Joseph L., 1136
Pittam, Jesse Thomas, 602
Plehn, Frank Wallace, 1136
Poe, James Fletcher, 1326
Poole, Fenn Eugene, 1133
Pope, Frank William, 809
Pope, George Frederick, 602
Porter, Miles Fuller Jr., 1235
Porter, Robert Henry Jr., 602
Porterfield, William David, 1136
Powell, Alvin, 1235
Powell, Burke, 1235
Powell, Everett Newman, 504
Pratt, Edwin Francis, 46
Pratt, Frank Allen, 1326
Prescott, William Ernest Sr., 1136
Pride, William Thomas, 947
Priest, Perry Davis, 1326
Pringle, John Tecumseh, 1416
Pritchard, John Lamb, 149
Puetz, Anthony, 1714
Pugsley, George William Jr., 1235
Purdy, Rollo Clyde, 947
Pushin, Benjamin Franklin, 1714

Q

Quinn, Thomas D'Arcy McGee, 504

R

Ragland, Wilhelmina Afton, 149
Rain, Joseph George, 1029
Raines, Ernest Alonson, 46
Rainey, Edward Carlysle, 707
Rambo, Cyrus Cleveland, 1502
Rambo, Joseph Seymour, 1326
Rand, George Henry, 1235
Randall, Ray Nathan, 1326
Ranseen, Carl Matthew, 1029
Rariden, Lawrence Bradley, 1235
Ratcliffe, Elton Ambrey, 46
Raymond, Lewis Herbert, 1326
Redden, William Rufus, 1029
Redish, Milton Harris, 1324
Reed, James Washington, 1326
Reed, Mark Eugene, 602
Reeves, George William, 504
Reeves, James Leroy, 1235
Reid, William E., 1235
Reiners, Charles Robert, 425
Rendleman, John J., 1502
Restin, Erich Herbert G., 1027
Reusser, Amos, 707
Rexford, Walton Karthalo, 1136
Reynolds, Oliver R., 1416
Rhodebeck, Edmund Jean, 1416
Rice, George Arnold, 602
Richards, Benjamin Franklin, 1029
Richards, William Clifton, 602
Richardson, Emma Miller, 707
Richter, Arthur Jacob, 1235
Richter, Edward Henry, 1029
Ricker, Samuel Foster, 1416
Riesenbeck, Leo Henry, 707
Riggs, John Max, 1714
Riggs, Roland Winfield, 1714
Ringrose, Frank M., 504
Ritschin, Max, 1235
Roark, John Paul, 1613
Robb, Thomas Plantz, 46
Robbins, Crockett D., 1416
Robertson, Samuel S., 1502
Robison, Lyman Harold, 46
Rockey, Paul, 1235
Rogers, Joseph Edward, 1502
Rogers, Otto Wellbourn, 1235
Rogers, Richard Ovid, 1613
Rogers, Robert Campbell, 1502
Rohmer, Frank Joseph, 1416
Rohrer, Caleb Wyand Geeting, 707
Rood, George L., 809
Rookledge, Percival L., 1502
Rosecrans, James Hankinson, 1235
Rosenberg, Martin J., 809
Rosener, Jacob, 46
Rosenfeld, Norman Brown, 1416
Ross, Francis Alexander, 602
Ross, Merrill B., 1029
Ross, William Henry, 1029
Rossmann, Benny, 1416
Rowland, Albert, 425
Royall, M. A., 1502
Royster, Thomas Hays, 1236
Rubin, Herman W., 1502
Ruegnitz Louis Herman, 1029
Rumley, James C., 1416
Rumrill, Samuel Dudley, 1236
Ruth, Weldon Kenneth, 504
Ryan, Granville Nimrod, 809
Ryan, Jerome Joseph, 1236

S

Saeltzer, Dudley Victor Jr., 1236
Salomonski-Rosen, Moritz, 602
Salter, William Thomas, 502
Salyer, Charles Edward, 1136
Sammis, Jesse Fleet, 46
Sanders, Henry Clay Jr., 504
Sanders, William Bryan, 707
Sanford, Frederick Clyde, 1613
Sanger, Guy Edward, 1416
Sankey, Brant E., 504
Santeramo, Remigio, 1416
Sarason, Peter Benjamin, 1236
Sawyer, Leroy Lee Jr., 1612
Scarborough, Alfred Jr., 1236
Schaefer, Carl O., 149
Schenk, George H., 707
Schloemer, Adolph L., 602
Schloss, Oscar Mendelson, 1235
Schmidt, James McMahon, 46
Schnurman, Albert George, 1714
Schoenbach, Emanuel Barnett, 808
Schoolar, Sherman Richards, 1029
Schott, Edward Francis, 602
Schuck, Traugott John, 46
Schulman, Maximilian, 1416
Schutz, Edwin George, 1613
Schwedenberg, Theodor, 602
Scott, David Miller, 1416
Scott, James Fred, 46
Scott, S. Horace, 602
Scribner, Charles Hosmer, 1030
Scurlock, Herbert Clay, 1236
Segal, Julius, 1502
Senerchia, Giovanni, 809
Senn, Hugh Boozer, 1613
Septow, Hiram, 46
Shaffer, Karl William, 1236
Shanks, Roy Edwin, 1030
Shapiro, Oscar U., 46
Sharp, Ethel Bill, 1416
Sharp, George Tarplit, 707
Shaw, Ralph Henry Rothery, 1416
Shearer, Margery Grace Carroll, 1714
Sheitlis, David, 1030
Sheldon, Richard Robert, 1030
Shell, William Thomas, 809
Sherrill, Rufus Hansen, 602
Shields, George Emmet, 1714
Shine, Dan William, 1236
Shinnick, John Dill, 1236
Shipp, George William, 149
Shope, Charles Edgar, 1416
Shropshire, James Edward Jr., 1417
Shuman, George Rulh, 1236
Siebner, Frederick, 504
Sigler, Laborn J., 149
Sigrest, Otho Randolph, 1236
Silberman, Walter Wolfe, 46
Silverman, Dora Jennie, 947
Simon, Sylvia Bennett, 1416
Simpson, Samuel Ellis, 1416
Skapler, Joseph, 602
Skidmore, William Edward, 149
Skiff, Francis Sands, 1236
Slaughter, W. H., 1030
Sleet, John Cary, 1416
Slesinger, Hyman A., 1027
Sloan, Howard, 149
Sloterbeck, Edgar Blackburn, 809
Small, Arthur Atwell, 1236
Smalley, Sam Dunham, 1030
Smeltzer, David Hebrank, 1030
Smith, Appleton White, 1416
Smith, Arthur Noble, 1714
Smith, Earle Terry, 601
Smith, James Robert, 149
Smith, John Van Wagner, 46
Smith, Joseph Jacob, 46
Smith, Sarah Eliot, 1714
Smith, Wilbur Cleveland, 148
Smoot, Aubrey Cannon, 1030
Snead, Willie Strother, 149
Snelling, John Wesson, 149
Snyder, Oscar Burton, 504
Soypp, Theodore, 1416
Sollis, Delmar Bryant, 1714
Sonnenborn, George A., 1502
Sowers, Alva Boyd, 1030
Spelman, Thomas Joseph, 602
Spencer, Alfred George, 1714
Spencer, Norine Devere, 1502
Sperry, Herbert Edgar, 809
Spink, Urbana, 47
Sprenger, Arthur, 47
Sproull, John, 1714
Sproull, Thompson M., 947
Stambaugh, Charles J., 1502
Stansfield, Clarence Winfield, 47
Stanton, Edward Daniel, 1613
Stanton, Hugh Francis, 707
Stastny, Olga Frances, 1030
Statzer, J. C., 1236
Staub, Richard John, 809
Stearns, Waldron Allen, 47
Steen, Harry M., 1236
Steenbergen, John Harness, 1236
Stein, Herbert Wilhelm, 1133
Steinbach, Henry Frank, 1236
Stelle, Harry Lewis, 1236
Stephens, Robert Clarence, 602
Stevens, George Albert, 1236
Stevens, Sandy W., 1416
Stevens, Thomas A., 809
Stevenson, Olen Jay, 1236
Stewart, Ralph B., 1502
Stollenwerck, Amasa Dorman, 809
Stolley, Robert Dresden, 47
Stone, Arthur Kingsbury, 707
Stone, James Edward, 1416
Stott, Charles Edward, 602
Strahlmann, Louis, 47
Strain, John Edwin, 602
Strecker, Louis Frederick, 1030
Street, Daniel Baen, 1502
Strohm, Nelson Wilbert, 1500
Strome, Frank Paul, 601
Stuart, William Whitman, 1714
Sullivan, Charles Brent, 705
Sulzbacher, Carl Isadore, 1502
Surratt, Reuben D., 1236
Sutliff, Stephen Dana Jr., 1502
Sweeney, Edward Edmond, 602

T

Talbot, John Edward, 47
Talley, Louis Franklin, 1714
Tanner, Ernest, Sherman, 1030
Tarr, Harry Minich, 1030
Tarrant, Jennie S., 149
Taylor, Charles K., 947
Taylor, Eugene, 1030
Taylor, John Cephas, 47
Taylor, Joseph E., 1136
Taylor, Thaddeus Arthur, 602
Taylor, Walter Karl, 947
Terry, Jarvis Russell, 1416
Textor, Charles Sheridan, 1416
Thomas, Charles Carroll, 1502
Thomas, Edward Harry, 1714
Thomas, John Neal, 1030
Thompson, Charles Edward, 1416
Thompson, John Andrew, 425
Thompson, Wellington Andrew, 1030
Thornhill, William Thomas, 47
Thornton, William Joseph, 149
Thorpe, Jarvis Loomis, 1416
Thrall, Eleazar Aaron, 47
Thum, Otto Charles, 47
Tidwell, George Washington, 1030
Tillman, Carl Gustaf Didrik, 47
Tillman, George Clarence, 602
Timlin, James William, 1502
Tingley, Louisa Paine, 602
Toepel, Otto T., 1417
Toll, James Leslie, 1417
Tompkins, Edmund Pendelton, 47
Torgerson, William R., 1236
Totten, Evan Churchill, 602
Towne, Lawrence Chatfield, 1030
Tracy, Jay Benjamin Jr., 504
Trau, Philip Adam E., 1030
Travis, Finis Mace, 602
Treadgold, Albert N., 1714
Trimble, William Kirk, 1417
Trouillion, Carles R., 1030
Truxaw, John Wenceslaus, 1613
Tuck, Raymond G., 149
Tullos, Augustus Madison, 947
Turner, Israel Ezra, 47
Tweedy, George J., 1613
Twyman, Travis Barton, 149
Tyre, Joseph Lawton, 1502

U

Uhler, Stewart Mann, 149
Updegraff, Harry Covode, 1030
Urbanowski, Leon Vincent, 1417

V

Van Benschoten, William Crowell, 1417
Van De Griff, James M. J., 707
Vandewater, Samuel Albertus, 1714
Van Duyne, Sarah Elizabeth, 504
Vanorden, Herbert Francis, 809
Van Winkle, Peter, 1613
Vardon, Colin Campbell, 707
Venable, Wade Hampton, 602
Vines, Edward Hellis, 1417
Vinton, Luther Mansfield, 602

W

Wadd, Clifford Theodore, 707
Wable, August John, 707
Wakefield, Frank Leeper, 1417
Walker, Thomas Dobart, 809
Wall, Joseph Stiles, 1027
Wallace, Tracy, 1030
Wallgren, Andrew Bennett, 809
Walsh, Charles R., 1030
Walter, Otis Monroe, 1030
Walvoord, William W., 1236
Ware, Martin W., 425
Warren, Bradford, 47
Waterbury, Charles Edward, 1030
Watkins, David Alexander, 1236
Watkins, Eleanor Preston, 47
Watts, Frederick A., 149
Weaver, Cleo Karl, 1236
Weaver, C. Hiram, 1417
Weber, Henry William, 1030
Weedman, Walter Franklin, 1417
Weems, William Bayley, 1417
Wehmeyer, Eugene, 809
Wehrly, John, 1236
Weil, Elizabeth Mathilde, 149
Weinberg, Jacob, 149
Weirauch, Herbert Vance, 1236
Weisman, Samuel, 1417
Wellman, Ira, 1030
Wendeiken, Charles Wesley, 149
Werner, Gertrude, 1714
West, Robert Charnock, 149
West, William R., 1714
West, William Walter, 1030
Westerlund, Joseph E., 1714
Westerman, Daniel Benett, 149
White, Claude Huron, 149
White, Forrest Allen, 1417
White, Grosvenor, 425
White, John Huffman, 1417
White, Julius Shangowah, 149
White, Paul Geltmacher, 149
White, Robert Gillam, 1714
Whitney, Clarence Edward, 1417
Wier, Warren Muldrow, 1030
Wierzinski, Alfons Bernard, 1417
Wiggins, George, 809
Wilkinson, Charles Edward, 1030
Wilkinson, Henry Brookman, 1417
Wilkinson, William Lee, 47
Williams, C. R. Peter, 47
Wilson, Edward Earl, 1714
Wilson, Frank Norman, 947
Wilson, James Sharp, 149
Wilson, John West, 707
Wilson, Julius Henry, 47
Winter, Arthur Edward, 47
Winternitz, David Henry, 1030
Winters, William P., 149
Wise, William Dennison, 149
Witten, Paul, 809
Woerner, Paul Carl, 1417
Wolbarst, Abraham Leo, 47
Wolcott, W. Eugene, 1611
Wolfington, George V., 1030
Womble, William Hugh Jr., 947
Woodward, George, 47
Worrall, Emma Hodge, 1714
Wright, Louis Tompkins, 1233
Wright, William Henry, 1417
Wulf, William Frederick, 1236
Wycoff, William A., 1417
Wyman, Rodney Elbridge, 47

Y

Yamashiro, Matsuzu Martin, 1613
Yeager, George Carpenter, 707
Yeager, W. Howard, 1030
York, James Joseph, 47
Young, Alexander James, 1417

Z

Zimmermann, Ernest Ludwig, 1236

E

E COMPOUND: See Cortisone
EMIC: See Emergency Maternity and Infant Care Program
EAR: See also Deafness; Hearing; Oto---
diseases, tetracetina in, [Rossi] 729—ab
inflammation, bacteriology and medication in otitis externa; value of antibiotic sensitivity tests, 1408—E
Middle, Infection of: See Otitis Media
surgery, selecting patients for, in chronic suppurative otitis media, [Simonton] *461
EARNINGS: See Wages
EASTMAN RESEARCH ORGANIZATION
report on *Today's Health*, 894
EATING: See Diet; Feeding; Food
EBBECKE histamine treatment of multiple sclerosis, 737
EBERSTADT COMMITTEE
military medicine, [Casberg] *1
ECHINOCOCCOSIS
International Congress of Hydatid Disease (4th), Santiago, Chile, Nov. 21-24, 1025
ECLAMPSIA
treatment, tracheotomy, [Collins] 156—ab
treatment, trials with penicillin, [Smith] 717—ab
ECONOMICS
rehabilitation pays dividends; gainful employment of patients, [Rusk] *837
ECONOMICS, MEDICAL: See also Insurance, sickness; Medical Service; Medically Indigent
A.M.A. Bureau of Medical Economic Research: See American Medical Association
cost of care in hospitals per patient, London, 237
cost of hospital care, cooperative program to reduce, by Council on Professional Practice of A.H.A., 696—E; [Snoke] 713—C
cost of hospital care; self-medication of trivial skin lesions a factor, [Gaul] 1511—C
course in, Minn., 802
ECZEMA
Contact: See Dermatitis venenata
of lower limb amputation stump, [Schamberg] *1653
vaccinatum in father from contact with children recently vaccinated, [Root] 59—ab
EDEMA: See also Ascites; Dermatomyositis; Lymphedema; under names of specific organs
formation and thrombosis of superior vena cava, [Rice] 614—ab
General or Universal, of Newborn: See Erythroblastosis, Fetal
of lower extremities, [Lowenberg] 828—ab
EDROPHONIUM CHLORIDE (tensilon)
intravenously, in rapid diagnostic test for myasthenia gravis, [Osserman & Kaplan] *265
name accepted by Council, 861
EDUCATION: See Children, school; Schools; Students
Audiovisual: See Moving Pictures; Television
Health Education: See Health
Health Problems in: See Health
of Nurses: See Nurses and Nursing
EDUCATION, MEDICAL: See also Graduates; Schools; Medical; Students, Medical; University
A.M.A. Annual Congress on, (Council report) 930
A.M.A. Council on: See American Medical Association
American Medical Education Foundation, (funds given to medical schools) 39; (Council report) *100; (report) 939; (the physician and) 1016—E; (state chairmen to meet) 1225; (report) 1690
Committee for Survey of, (Council report) *101; 926; 1691
Course: See also subheads: Graduate Course; Teaching
course in legal medicine for medical schools, (A.M.A. Committee report) 697—E; [Regan & others] *716; 914
course in national defense at U. of Illinois, 1494
Fellowships: See Fellowships
Financial Support: See Schools, Medical
graduate and continuation courses for physicians, *127; (in 1953) 1492—E; *1513
graduate, (Council report) 928; 930; 1691
Graduate Education Institute, Pa., 407
graduate teaching of otolaryngology, 2 types of schools advocated, [Roberts] 1510—C
graduate, training programs acceptable by American Board of Psychiatry and Neurology, (Council report) *377
Hospital-Medical Education Day (first), Oct. 27, Conn., 595
in United States and Canada, *99; 139—E
intellectual servility, 18—ab
Internship: See Interns and Internship
Joint Committee on Medical Education in Time of National Emergency, (report) *101
National Defense and, (Council report) *101; 926; 1691
National Fund for Medical Education, *100
number, Sept. 13, 1952, page 99
Postgraduate: See Education, Medical, graduate
EDUCATION, MEDICAL—Continued
Premedical: See also Basic Sciences
premedical requirements, *115
Residents; Residencies: See Residents and Residencies
Scholarships: See Scholarships
social medicine as university discipline, Norway, 1421
teaching otolaryngology, how much should be taught to general practitioners? questionnaire results, [McCaskey] *67; [Roberts] 1510—C
teaching radiation therapy: narrow beam of light as visual aid, [Cohen & Rosh] *1306
television in, report, 923
training general practitioner, A.M.A. resolution on, 1702
World Conference on (first), (Council report) 888; 927; (President Bauer's page) 1314; 1686
EFFORT: See Exercise
Angina of: See Angina Pectoris
Syndrome: See Asthenia, neurocirculatory
EFOCAINE
for nerve blocking in intractable pain, [Bonica] *1584
EGGS
warning: Swift's canned dried egg yolk contains Salmonella infection, 1504
yolk sac diagnosis of tuberculosis, 1604—E
EISENHOWER, DWIGHT DAVID
A.M.A. President (Dr. Bauer) offers the president-elect the services of the A.M.A., 1680
EISENHOWER-NIXON ORGANIZATION
Whitaker and Baxter resign A.M.A. assignment, 494
ELASTIC
compression to prevent thromboembolism, [Trimble] 157—ab
ELDERLY: See Old Age
ELECTIONS
campaigns, A.M.A. statement on participation in; donations; federal election laws, 493
vote November 4, message from President Bauer, 797—E; (results; President Bauer's page) 1675
ELECTRIC: See also Electro—; Photoelectric
apparatus, explosion-proof, 434
blankets will not increase susceptibility to arthritic and respiratory infections, 736
Current: See Ion Transfer
Hearing Aids: See Hearing Aids
High Frequency Current: See Diathermy
Lighting: See Lighting
psychotherapeutic interviews and galvanic skin response, [Seitz] 1148—ab
shock in worker, emotional reaction following, 1267
shock or minimum stimulus with Reiter Electrostimulator for postpartum depression, (replies) [McCartney] 66; [Lemere] 1362
shock treatment (intensive regressive) in schizophrenia, [Garrett] 518—ab
shock treatment of drug addiction advisable? 1735
shock treatment of schizophrenia, 1164
shock treatment, spinal fractures in, [Funkhouser] 1429—ab
stimuli, control heart action by, [Herrod] 1537—ab
ELECTROCARDIOGRAM: See Heart
ELECTROCOAGULATION: See Diathermy
ELECTROCOMA: See Electric shock treatment
ELECTROENCEPHALOGRAPHY: See Brain
ELECTROLOR Oxygen Tent, Model 570, 1489
ELECTROLYTES
balance service for clinical use, [Statland] *771
free solution, hypodermoclysis of, dangers, [Abbott] 1346—ab
metabolism and desoxycorticosterone acetate, 1223—E
metabolism changes after using ACTH and cortisone, [Boland] *1286
role in contractile function of myocardium, Italian Society discusses, 1566
ELECTROMYOGRAPHY: See Muscles
ELECTRON Microscopy: See Microscopy
ELECTRONICS
Conference on Electronic Instrumentation and Nucleonics in Medicine, 1230
medical, compulsory course in, Colorado, 1316
sterilization of pharmaceutical products, Great Britain, 1420
ELECTROPHORESIS: See Ion Transfer
ELECTROPYREXIA: See Fever, therapeutic
ELECTROSTIMULATOR
Chronowave, Model 320, 1311
Reiter, in electroshock treatment, (replies) [McCartney] 66; [Lemere] 1362
ELECTROTHERAPY: See Electric shock treatment
ELECTROTHERMY: See Diathermy
ELEPHANTIASIS: See Lymphedema
ELY Test, 737
EMBOLECTOMY: See under Embolism
EMBOLISM: See also Thrombosis
air, successful treatment of by turning patient on his left side, [Musgrove & MacQuigg] *28
amniotic emboli cause sudden death? [Tunis] 1145—ab
aortic, conservative treatment; recovery, [Milwidsky] 1535—ab
EMBOLISM—Continued
aortic embolectomy, auricular thrombosis, and mitral commissurotomy, [Bloomberg & others] *1216
femoral and iliac embolectomy, at Cook County Hospital 1946-1951, [Klingensmith & Theis] *1393
pulmonary, by amniotic fluid, 943—E
pulmonary fatal, [Zeithofer] 832—ab
pulmonary, in relation to hazards of anticoagulant treatment, London, 1239
Thromboembolism: See Thrombosis
EMBRYO: See also Fetus
Endamoeba histolytica in embryonic fluids, [Sadun] 1044—ab
EMERGENCY: See also First Aid
defense production areas, (Council report) 908
maternity and infant care (EMIC) federal bill on reactivating, 898; 899; 911
call system, [Bauer] 1679
medical calls, Council report, 939
medical calls, statement by American Board of Surgery, 1622
Medical Service, A.M.A. Council on National Emergency Medical Service: See American Medical Association
medical service, A.M.A. resolution on participation of specialists in, 891
medical, what is it?; record of Doctor's Emergency Service (D.E.S.), [Potter] *1095
occlusive dressing in sucking wounds of chest, dangers of; use catheter inclosed in dressing, [Haynes] *1404
resuscitation, 91—ab
EMESIS: See Vomiting
EMIGRATION
numerical predominance of women over men in U. S. result of, 1222—E
EMORY UNIVERSITY
medical school open research building, 1605
EMOTIONS: See also Fear; Mental Depression; Mental Hygiene; Psychosomatic Medicine
disorders, prisoners of, 1566—ab
glaucoma precipitated by, 65
paroxysmal ventricular tachycardia due to, [Harvey & Levine] *479
reaction after electric shock in laborer, 1267
EMPHYSEMA
Heart (cor pulmonale): See Heart hypertrophy
pulmonary, chronic, intermittent positive pressure breathing in, [Smart & others] *1387
treatment, mechanical cough chamber and also exsufflator, [Barach & others] *1380
EMPLOYEES; Employment: See Industrial Health
EMPLOYMENT Opportunities for Physicians: See Physicians, positions open
EMPYEMA
postoperative, streptokinase-streptodornase in, [Egense] 1437—ab
treatment, decortication with streptokinase-streptodornase injected into pleural space, [Hopkins] 1535—ab
tuberculous, streptomycin and dihydrostreptomycin in, "cellugel" vehicle for, [Stahle] 1721—ab
ENCEPHALITIS: See also Encephalomyelitis
human, from virus of Western equine encephalomyelitis, [Fulton] 1348—ab
Japanese B, acute phase, in American soldiers, Korea, 1950, [Lincoln & Sivertson] *268
possibly due to poliomyelitis virus, [Barrett] 1049—ab
postinfectious, London, 1330
studies in Greeley, Colo., 1493
ENCEPHALOCELE: See Brain hernia
ENCEPHALOMYELITIS
virus (Western equine), human encephalitis caused by, [Fulton] 1348—ab
ENCEPHALOPATHY: See Brain disease
ENDAMOEBA
histolytica, acetate solution for vegetables contaminated with, [Jones] 1341—ab
histolytica, culture from stools, use streptomycin and penicillin for, [Spingarn] 244—ab
histolytica in embryonic fluids, [Sadun] 1044—ab
Infection: See Amebiasis; Colitis, amebic
ENDARTERITIS
acquired arteriovenous fistula with, after stab wound of left thigh, [Heckler & Tikellis] *1301
ENDIVE
fresh, megalocytic deficiency anemia cured by, [Veeneklaas] 1154—ab
ENDOCARDITIS
bacterial subacute acquired arteriovenous fistula with, after stab wound of left thigh, [Heckler & Tikellis] *1301
bacteria subacute, antibiotic treatment, [Raynaud] 1545—ab
bacterial subacute, antibiotics combined (penicillin, aureomycin, streptomycin) for, [Donzelot] 432—ab
bacterial subacute, cure with penicillin and chloramphenicol, [Ahern & Kirby] *33
bacterial subacute, laboratory and clinical aspects, antibiotics and chemotherapy in prevention and treatment, [Herrell] *1452
bacterial subacute, mycotic aneurysm of circle of Willis, [Rathmell & others] *555

ENDOCARDITIS—Continued
bacterial subacute, penicillin and streptomycin in, [Fritze] 830—ab; [Haynal] 1439—ab
bacterial subacute, therapy and prognosis; penicillin failures, [Bingold] 1728—ab
staphylococcic, antibiotics for, [Dowling] 58—ab
ENDOCARDIUM
fibroelastosis, [Adams] 1539—ab
fibroelastosis in infants, anoxia cause of, [Johnson] 1717—ab
sclerosis, [Blumberg] 1531—ab
ENDOCRINE GLANDS: See also under names of specific glands
diabetes mellitus relationship, Italian society discusses, 505
ENDOCRINE SOCIETY Prize: See Prizes
ENDOCRINOLOGY
course in, Calif., 1708
Italian Society of, meeting in Pisa, 505
ENDOMETRIOSIS
treatment: estrogens, [Hurxthal] 1634—ab
ENDOMETRIUM
Aberrant: See Endometriosis
hyperplasia, from using estrogen creams, [Goldberg & Harris] *790
ENDOSCOPY
in gynecology, [MacFadyen] 1340—ab
peroral, preparing patients for, [Olsen & Pender] *842
ENDOTRACHEAL TUBE
intubation in narcotic poisoning, laryngeal complications after, [Dam] 1641—ab
ENEMA
intraperitoneal escape of barium fluid; perforation of sigmoid colon, [Isaacs] *645
ENERGY
Atomic: See Atomic Energy
Metabolism: See Metabolism, basal
Ultrasonic: See Ultrasonics
Value of Food: See Calories
ENGLAND: See British; Great Britain
ENLISTED Men or Women: See Armed Forces; Medical Preparedness
ENTERITIS: See Gastroenteritis; Intestines, inflammation
ENTEROCOLITIS: See Intestines, inflammation
ENURESIS: See Urine, incontinence
ENZYMES: See also under specific names as Hyaluronidase; Streptokinase-Streptodornase
role in activity of myocardium, Italy, 1506
EOSINOPHILLIA: See under Eosinophils
EOSINOPHILS
adrenal cortical function evaluated in corticotropin treatment of bronchial asthma, [Johnsson] 727—ab
adrenocortical eosinopenia, 4 hour eosinophil response tests, [Best] 1148—ab
circulating, adrenal cortical function at death measured by, [Jennings] 161—ab
circulating, count, in fulminating meningococcemia; effect of cortisone [Hodes] 1635—ab
circulating, effect of thiouracil on, [de la Balze] 522—ab
circulating, in diabetics, variations in number, [Kjems] 1354—ab
circulating, in peripheral blood in typhoid and brucellosis, [Mazzoleni] 252—ab
eosinophilia as allergic disease, Brazil, 426
eosinophilia in pulmonary infiltration syndrome, [Reeder] 616—ab
eosinophilic erythredema, Israel, 949
eosinophilic granulocytes, life span, [Esseller] 432—ab
eosinophilic pneumopathy syndrome, arsenic treatment, [Ensign] *1205
response tests, 586—ab
EPIDEMIC JAUNDICE: See Liver Inflammation
EPIDEMIC PAROTITIS: See Mumps
EPIDEMICS: See also Communicable Diseases; under names of specific diseases as Leprosy
Epidemic Intelligence Service of U.S.P.H.S. expanded, 709
Prevention: See Immunization; Vaccination (cross reference)
EPIDERMIS: See Skin
EPIGASTRIC VESSEL
deep, ruptured, syndrome of, [Krapin] *789
EPILEPSY
abdominal, duodenal ulcer symptoms a sign of? (replies) [Moore; Schindler] 66
attacks, forced thinking in, [Allen] 622—ab
chronic, adrenocortical function in patients with, [Staple] 951—C
electroencephalogram in doubtful cases, [Jewesbury] 521—ab
jacksonian, Ferrara Academy of Sciences report on, Italy, 1032
marriage and, Sweden, 1140
mild, amphetamine contraindicated in, 434
plasma potassium level after epinephrine ingestion in, [Drury] 158—ab
program on, N. J., 596
psychomotor, 1060
treatment, denervation of carotid sinus, [Bandini] 1640—ab
treatment, panmyelophthisis after methylphenylethylhydantoin, [Kresbach] 1349—ab
treatment, standard anticonvulsants evaluated in 319 patients, [Yahr & others] *663
Western Institute on (4th), California, 699
EPINEPHRINE: See also Arterenol (norepinephrine)
EPINEPHRINE—Continued
ingestion in epileptics, plasma potassium level after, [Dury] 158—ab,
subcutaneously vs. visammin as bronchodilator, [Snider & others] *1400
EPISIOTOMY
immediately post partum, [Douglass] *1061
EPITHELIUM: See Tissues
EQUIPMENT: See Apparatus
ERB-Goldflam's Disease: See Myasthenia Gravis
ERGOTAMINE TARTRATE
with caffeine (cafergot) in heat exhaustion, [Meerloo] 1248—ab
EROSION: See Bronchus
ERUPTIONS: See Herpes; Measles; Rubella; Scarlet Fever
Industrial: See Industrial Dermatoses
ERYTHEMA: See also Lupus erythematosus
Nodosum (Valley Fever): See Coccidioidomycosis
nodosum, cortisone orally in, [Schneierson] *585
ERYTHREDEMA
eosinophilic, Israel, 949
ERYTHREMIA: See Polycythemia
ERYTHROBLASTOSIS, FETAL
factor A and hemolytic disease, [Phansomboon] 621—ab
in negroids, 1444
prevention, cortisone given in pregnancy, [Anderson] 1638—ab
prevention, no substance can be given to Rh negative women, 628
treatment, exchange transfusion, [Layrisse] 524—ab
ERYTHROCYTES: See also Reticulocytes
biosynthesis of hemoglobin, 1223—E
Bolen test for cancer and lymphosarcoma, [Cerroni] 1054—ab
Count: See Anemia, Pernicious; Polycythemia
Sedimentation: See Blood sedimentation
Sickling: See Anemia, sickle cell
transfused, life span of, in malignant blood dyscrasia, [Böttner] 1050—ab
transfusion of red cell mass in anemia with rheumatoid disease, [Garry] 615—ab
ERYTHRODERMA
ichthyosiform treated by hypnosis, [Mason] 1543—ab
ERYTHROMELALGIA
of Head: See Cephalalgia
ERYTHROMYCIN (ilotycin)
laboratory and clinical studies, [Haight] 1430—ab
observations on, [Heilman] 1044—ab
ESCHERICHIA
coli bacteremia, antibiotics and chemotherapy for, [Herrell] *1451
coli, osteomyelitis of lumbar vertebrae due to, complicating acute suppurative pneumonia, [Herfort] *1073
ESKEL: See Khellin
ESOMID: See Hexamethonium
ESOPHAGOSCOPY
preparing patients for peroral endoscopy, [Olsen & Pender] *842
ESOPHAGUS
cancer, nitrogen mustard in, [Plauchu] 1729—ab
cancer, roentgen irradiation with pendular device, [Pöschl] 1159—ab
cancer, squamous cell, [Merendino] 1342—ab
diverticula, surgical considerations, [DeBakey & others] *1076
perforations [Gay] 1533—ab
perforations, studied by Belgian Society, 1615
rupture (spontaneous), [Meckler] 1637—ab
varices, surgical treatment of hematemesis from, [Knepper] 826—ab
ESSAY
Contest for: See Prizes
ESTROGENS: See also Chlorotrianisene; Estrone
conjugated, N.N.R., (Miller) 1405
creams, use of, [Goldberg & Harris] *790
Diethylstilbestrol: See Diethylstilbestrol
excretion, effect of chorionic gonadotropin in adult men, [Maddock] 1344—ab
storage in human fat, [Greenblatt] 718—ab
treatment in advanced breast cancer, [Douglas] 161—ab
treatment induce cancer? 736
treatment, large doses in endometriosis, etc., [Hurxthal] 1634—ab
treatment, topical, [Shapiro] 721—ab
vaginal suppositories containing, for vaginal discharge in girl (aged 8) 958
ESTRONE (theelin)
U.S.P., N.N.R., (Carroll Dunham Smith) 1221; (Lilly) 1671
ETHANOLAMINE
derivatives, topical use of antihistamines, [Ellis & Bundick] *773
ETHER
Anesthesia: See Anesthesia
ETHICS, MEDICAL: See also Privileged Communications
A.M.A. President's page, 799
care of the dying, [Alvarez] *86
commercialism in practice; disciplining unethical members; instructing students, [Bauer] 1679
Danish Medical Association functions, 1031
fee splitting and income tax law, (Bureau report) 511
ETHICS, MEDICAL—Continued
"Fee Splitting: Doctor's Menace to Health" in Sept. *Coronet*, [McVeagh] 1035—C
limits of medical role in biological warfare, Belgium, 604
Ministry of Health, defamation proceedings against physician, 505
responsibility of ophthalmologists, [Dunphy] *169
ETHINYL ESTRADIOL
estradiol, N.N.R., (oradiol, Vanpelt & Brown) 1405
ETHNOLOGY: See Aborigines
ETHYL BISCOUMACETATE (tromexan)
comparison of coumarin anticoagulants, [Rotter & Meyer] *1188
ETHYL CARBAMATE: See Urethane
ETHYL MERCURIC PHOSPHATE
chemical pneumonitis from exposure to ceresan, 1358
ETHYLENE
cyclopropane anesthesia, (reply) [Murphy] 168
ETHYLENEDIAMINE
topical use of antihistamines, [Ellis & Bundick] *773
*di*ETHYLSTILBESTROL: See Diethylstilbestrol
EUPHORIA
psychic effects of sex hormones, [Hauser] 623—ab
psychotic reactions with corticotropin and cortisone therapy, [Tourney] 1249—ab
EUROPE
army medicine in, [Duncan] 153—C
EUSDEN, ISABEL (Mrs. Ralph B.)
address of Woman's Auxiliary president outlining history, work accomplished, tribute to their secretary, Miss Wolfe, 1681
EVACUATION of Wounded: See Korean War
EVANS BLUE
N.N.R., (description) 1486; (Warner) 1487
EVAPORATED Milk: See Milk
EVIDENCE: See Medicolegal Abstracts at end of letter M
EXAMINATION: See American Board; Licensure; Physical Examination; State Board; etc.
EXCHANGE Transfusion: See Blood Transfusion
EXERCISE: See also Athletics
Master Two-Step Exercise Test: See Heart function
therapeutic, for chronic backache, 1468—ab
therapeutic, of legs in bed, footrest device for, [Smigel & Gibson] *587
therapeutic, mismanagement of early intervertebral disk lesions, [Sell] *987
EXHAUSTION: See Fatigue
EXHIBITS: See also Fair; Health exhibits; Health museum; Heart exhibit; Physicians, avocations
A.M.A. Bureau of: See American Medical Association
A.M.A. Scientific Exhibit: See American Medical Association
small, for local use for sale by A.M.A. Bureau, 1225
EXOPHTHALMIC GOITER: See Goiter, Toxic
EXOPHTHALMOS: See Goiter, Toxic
EXPECTORATION: See Cough; Sputum
EXPERIMENTATION: See Animal Experimentation; Research
on Human Beings: See Atrocities
EXPLOSIONS
Atomic: See Atomic Energy
danger of, in screw-top containers of zinc peroxide, [Pillsbury] 609—C
proof electrical apparatus, 434
EXPOSITION: See Fair
EX-SERVICE Men: See Veterans
EXSUFFLATOR
use in poliomyelitis, asthma, pulmonary emphysema, and bronchiectasis, [Barach & others] *1380
EXTRACTOR
Murless head, experiences with, in cesarean section, [Weisman & Carrabba] *1209; (correction) 1322
EXTRASYSTOLES: See Arrhythmia
EXTREMITIES: See also Arms; Foot; Legs
Amputation: See Amputation
Artificial: See Limbs, Artificial
Cramps: See Cramps
footrest device for exercising, in bed, [Smigel & Gibson] *587
Paralysis: See Hemiplegia; Paraplegia
Peripheral Vascular Disease: See Blood Vessels
EYEGLASSES: See Glasses
EYELASHES
pediculosis of, mercurial ointment applied with cotton swab, (reply) [Horton] 630
EYELIDS
blepharospasm in 71 year old patient, 1265
Granular Lids: See Trachoma
EYES: See also Blindness; Cornea; Glasses; Lens, Crystalline; Ophthalmology; Pupils; Retina; Sclera; Vision
conditions in hypertension, differentiating various types, 1735
dark adaptation in pregnancy, [Landau] 1728—ab
Disease: See also Cataract; Conjunctivitis; Glaucoma; Trachoma

150
952

EYES—Continued
disease, corticotropin, cortisone, and hydrocortisone for, [Steffensen] *1660
disease cured by removing oral foci of infection, [Knapp] 1431—ab
foreign bodies, simple removal, [Knapp] 1333—C
herpes zoster, corticotropin for, [Poulin] 1725—ab
injuries to, from aniline pencils (methyloraniline poisoning), fluorescein solution for, [Hosford & Smith] *1182
ophthalmic solution chloromycetin (dried) N.N.R., (Parke Davis) 1468
surgery, responsibility of ophthalmologists, [Dunphy] *169
tear gas exposure effect on, 1060
tension, effect of corticotropin, [Tillett] 156—ab
EYESIGHT: See Vision

F

F COMPOUND: See Hydrocortisone
FABRICS: See Clothing
FACE: See also Beard; Head; Lips; Mouth; Nose
Cream: See Cosmetics
Mask: See Mask
pains in lesions of cervical disks, [Neuwirth] 1342—ab
Paralysis: See Paralysis
Shield: See under Mask
wrinkles, surgical production, [Frackelton] 1152—ab
FACTOR A
hemolytic disease and, [Phansomboon] 621—ab
FACTORY Workers: See Industrial Health; etc.
FACULTY: See Schools, Medical
FAIR
Indiana State, grain itch at, [Booth & Jones] *1576
FALLOPIAN TUBE: See Oviducts
FALLOT, Tetralogy of: See Heart anomalies
FAMILIES: See also Children; Infants; Maternity; Paternity
family and the aged, [Alvarez] *90
FARM: See also Rural Communities
workers, grain itch in, report of epidemic, [Booth & Jones] *1575
FASCIA: See also Contracture, Dupuytren's
lumbodorsal, low back pain due to pannicular hernias, [Picarra & McLaughlin] *855
FASTING: See Starvation
FAT: See also Fatty; Grease; Obesity
emulsion with protein concentrate, given by mouth, gastrostomy, and jejunostomy, [Goldberg & others] *1665
herniation, low back pain due to [Picarra & McLaughlin] *855
human, estrogens stored in, [Greenblatt] 718—ab
in Blood: See Blood
metabolism changes, result of using ACTH and cortisone, [Boland] *1281
necrosis, sclerosing lipogranuloma, [Galbraith & Young] *1295
Tissue: See Lipodystrophy
FATHER: See Paternity
FATIGUE: See also Asthenia
heat exhaustion, combined caffeine and ergotamine in, [Meerloo] 1248—ab
overcome by gin and gingerbeer with spoonful of salt, London, 606
FATTY
Acid: See Acid
metamorphosis of liver, [Popper & Schaffner] *1368
FEAR
death from fright: paroxysmal ventricular tachycardia, [Harvey & Levine] *479
FECES
blood in (hematochezia) in infants and children, [Brayton & Norris] *668
children who passed single roundworm in, 1164
Endamoeba in, streptomycin and penicillin to cultivate, [Spingarn] 244—ab
fistula, 1247
Loose Stools: See Diarrhea; Dysentery
money as vector of pathogenic bacteria, [Gan] 1155—ab
FEDERAL: See also United States
Caustic Poison Law, [Jackson] 238—C
Communications Commission, rules for diathermy equipment postpone date of compliance, (Council report), 487
Government: See United States government
Income Tax: See Tax
Legislation: See Laws and Legislation, federal
medical services, A.M.A. Special Committee on, (report) 1689
Security Agency: See Health, U.S.P.H.S.
FEDERATION: See list of societies at end of letter S
FEE: See Fees
FEEBLEMINDED: See Mental Defectives
FEEDING: See also Diet; Food
fat emulsion with protein concentrate by mouth, gastrostomy, and jejunostomy, [Goldberg & others] *1665
Infant's: See Infants
FEES: See also Wages
commercialism among doctors, [Bauer] 1679
payment for indigent in Shawnee County (Topeka), Kansas, (Council report) 239
payment for services to medically indigent, Lake County (Gary) Indiana (Council report) 953
schedule for home and office treatment of Laramie County Welfare cases, (Council report) 1335
socialized medicine in Japan: World Medical Association report, 38
splitting and income tax law, (Bureau report), 511
splitting, Judicial Council report, 1706; 1707
splitting: menace to health, in *Coronet*, Sept., 1952, [McVeagh] 1635—C
Tuition: See Schools, Medical
FEET: See Foot
FEIL-Klippel Syndrome: See Klippel
FELLOWSHIPS: See also Scholarships
American Academy of Dermatology and Syphilology, in dermal pathology, 1497
American Foundation for the Blind, 1674—E
American Heart Association, lifetime grant, O., 1195
approved, list according to specialties, (Council report) *301
Ayerst, McKenna, and Harrison, 1321
cancer, (American Cancer Society) 701; (Columbia U.) 1126; (National Research Council) 1130
cardiovascular, Mass., 1318
Fellowship for Freedom in Medicine discusses consultation levy for patients, London, 1716
Fulbright awards offered, 227
in industrial health, from Institute of Industrial Health, O., 1495
in industrial medicine, by U. S. Atomic Energy Commission, 1503
in pediatric cardiology, Utah, 1607
in statistics, Illinois, 1123
Life Insurance Medical Research Fund nominates predoctoral fellowships, 1021
National Foundation for Infantile Paralysis, (in public health) 1229; (in physical medicine) 1497; (available) 1608
National Science Foundation, 424; (available) 1497
Parke, Davis & Co., for research in medicinal chemistry, 1320
Reader (Ruth Berger) hematology grants awarded by Hematology Research Foundation, 1321
travelling, to British candidates, Medical Research council report, 1330
FELTY Syndrome: See Arthritis, Rheumatoid
FEMUR
fractures after x-ray exposures, 531—ab
fractures (intracapsular) treatment with Moore's technique, Italy, 1032
fractures of diaphysis, treatment, Brazil, 949
nailing neck of, in Perthes' disease, [Hauberg] 1732—ab
FERRARA Academy of Sciences, Milletti's report on jacksonian epilepsy, Italy, 1032
FERRIC Ferrous: See Iron
FERRITIN
functions of, 36—E; (correction) 1025
FERTILITY: See also Spermatozoa; Sterility
World Congress on (Brux.), 1719
FETAL ERYTHROBLASTOSIS: See Erythroblastosis
FETUS: See also Embryo; Infants, Newborn; Placenta; Pregnancy
death from true knot of umbilical cord, [Peterson] *1009
death, strangulation during labor, 1736
Erythroblastosis: See Erythroblastosis, Fetal
infectious hepatitis complicating pregnancy effect on (reply) [Kellogg] 630
measles in pregnancy effect on fetal life, Sweden, 811
Premature: See Infants, premature
Rh factor in: See Rh Factor
third generation follow-up in woman receiving pelvic irradiation, [Rubin] *207; [Russell] 1619—C; [Warren & Hicks] 1620—C; [Newell] 1620—C
FEVER: See also Rheumatic Fever; Scarlet Fever; Typhoid; Yellow Fever
Glandular: See Mononucleosis, Infectious
hemorrhagic, medical management, [Katz & others] *1363
Malta: See Brucellosis
Parrot: See Psittacosis
Q: See Q Fever
Rabbit: See Tularemia
Rocky Mountain Spotted Fever: See Rocky Mountain Spotted Fever
shipping, Pasteurella multocida in, [Olsen] 819—ab
side effect in penicillin treatment, how often does it occur? 627
therapeutic, General Electric Amplifier (Table Model) 1489
Undulant: See Brucellosis
Valley: See Coccidioidomycosis
verruecse, of Guaitara, form of bartonellosis, Colombia, 1237
FIBERGLASS: See Glass fiber
FIBROELASTOSIS: See Endocardium
FIBROMA
myxofibroma, fibromatosis, and fibroma, benign dermal neoplasms, [Montgomery] *1183
FIBROPLASIA, Retrolental: See Lens, Crystalline
FIBROSIS
nodular subepidermal, benign dermal neoplasms, [Montgomery] *1182
FIGHTING: See Boxing; Korean War
FILIARIASIS
Ashford award for research on to Leo A. Jachowski Jr., 1504
FILMS: See Moving Pictures
FINGERNAILS: See Nails
FINGERS: See also Hand; Nails; Toes
thumb deformities in infants, [White] 821—ab
FIRE: See Burns
FIREARMS: See Ballistics
FIRST AID: See also Emergency Medical Service
dusting small wounds and abrasions with sulfonamide powder, 1265
manual prepared by A.M.A., 698; 908
FISKE (Caleb) Fund Award: See Prizes
FISTULA
aorticopulmonary, surgery for, [Dry] *23
arteriovenous (acquired) with subacute bacterial endocarditis and endarteritis after stab wound of thigh, [Beckler & Tikellis] *1301
arteriovenous pulmonary, surgery for, [Dry] *20
fecal, 1267
internal biliary: cholecystoduodenal fistula, [Rienfritz] 1345—ab
FITS: See Convulsions
FLAXEDIL: See Gallamine triethiodide
FLEMING, ALEXANDER in Switzerland, 51
FLIGHT: See Aviation
FLOCCULATION
tests, new colloids for, Chile, 1506
FLORIDA
University of: See University
FLOUR
defatted wheat germ to improve nutritive value, [Westerman] 516—ab
FLOW REGULATOR
for intravenously administered fluids, [Mahuron] 1035—C
"FLU": See Influenza
FLUIDS: See also Milk; Water
administered by hypodermoclysis, 942—E
electrolyte balance service for clinical use, [Stiland] *771
electrolyte-free, dangers of hypodermoclysis, [Abbott] 1346—ab
flow regulator for intravenously administered, [Mahuron] 1035—C
FLUORESCEIN
solution for ocular methylrosaniline poisoning from aniline pencils, [Hosford & Smith] *1182
FLUORESCENCE
microscopy in leprosy, [Gohar] 1257—ab
FLUORINE
fluoridation, forum on, Mo., 1021
fluoridation of public water supplies, 899
fluoridation of water supply, Kansas, 595; 1606
fluoridation, San Francisco and Antioch begin, Calif., 800
fluorosis, mitigation with vitamin C, [Wadhwani] 162—ab
kidney function and chronic fluorides, [Bond] 620—ab
mechanism of carcinostatic action, 1120—E
FLUOROSCOPY: See Roentgen Rays
FLYERS: FLYING: See Aviation
FOCAL Infection: See Infection
FOLIC ACID: See Acid, folic
FOOD: See also Cheese; Diet; Feeding; Meat; Milk; Nutrition; Vegetables
allergy in multiple sclerosis, [Ehrentheil] 1633—ab
A.M.A. Council on Foods and Nutrition: See American Medical Association
Appetite for: See Appetite
breakfasts (free school) Sweden, 811
chemicals in, 907
Deficiency: See Nutrition
Digestion of: See Digestion
Energy Values: See Calories
Garbage: See under Refuse
Infants: See Infants, feeding
Lack of: See Starvation
National Food and Nutrition Institute, 1504
poisoning in Great Britain, 1420
poisoning outbreak from turkey dinner, Michigan, 1409
poisoning; warning: Swift's canned dried egg yolk contain salmonella infection, 1504
production by fungi, 1408—E
U. S. Food and Drug Administration, reply to Silliker and Hess on sterility of market cotton, [Crawford] 508—C
Vitamins in: See Vitamins
FOOT: See also Chiropody; Nails; Orthopedics; Shoes; Toes
amebic abscess, [Nowicki] 813—C
children's feet and children's shoes, London, 1508
children's feet, excessive perspiration, 1645
children's feet, problems, N. Y., 1410
dancers' feet, [Rütt] 1732—ab
lesions in diabetic, surgical management, [Miller] *850
Madura Foot: See Madura Foot

FOOT—Continued
races, physiological limits for running, 593—E
rest device for exercising legs in bed, [Smigel & Gibson] *587
surgery, combined sciatic and femoral nerve block, [Moore] *350
Surgical Approaches to Joints of the Foot (film review) 1378
FOOT AND MOUTH DISEASE
quarantine lifted, 1497
FOOTBALL
deaths due to; medical examination for athletes, 1490—E
FOOTWEAR: See Shoes
FORAMEN
ovale, open in pulmonic valve stenosis, [Johnson] 1718—ab
FORCEPS
obstetrical, medicinal soft soap as lubricant on blades of, 1736
FOREIGN BODIES: See also Eyes
granulomas and traumatic neuroma, [Raftery] 619—ab
FOREIGN COUNTRIES: See Europe; United Nations; under names of specific countries
Medical Schools in: See Schools, Medical
Physicians from: See Physicians, foreign
FORENSIC Medicine: See Medical Jurisprudence
FOUNDATIONS: See also Book Reviews at end of letter B
American Foundation for the Blind, 1671—E
American Medical Education Foundation, (funds given to medical schools) 39; (Council report) *100; (report) 939; (the physician and) 1016—E; (state chairmen to meet) 1225; (donation to) 1690
Childs (Jane Coffin) Memorial Fund for Medical Research, 804
Katz (Meyer) Family Foundation gift for cardiac research to Chicago Medical School, 1226
Lasdon, (appoints scientific director) 1709
Life Insurance Medical Research Fund invites nominations for predoctoral fellowships, 1023
Macy (Josiah Jr.), new address, N. Y., 1228
Markle, nominations for scholarships open, 701
Masonic Research Foundation on Rheumatic Fever, 1227
National Foundation for Infantile Paralysis, (march of dimes grants) 228; (reports need for more respiratory centers) 229; (fellowships in public health and preventive medicine) 1229; (fellowships in physical medicine) 1497; (fellowships available) 1600
National Fund for Medical Education, (funds given to American Medical Education Foundation) 39
National Science, (fellowships) 421; 1497; (joint survey of status of psychology) 1321
Nutrition Foundation Inc., (Osborne and Mendel Awards) 1412; (research grants) 1495
Pollock (Henry M.) Fund to aid graduate students, Mass., 1318
Rockefeller, of New York, Medical Research Council report, London, 1338
Seaman (Louis Livingston) Fund, 945
Wintrobe Memorial Fund, Utah, 1128
Worcester Foundation for Experimental Biology, commemorative stamp series, 802
FOUNDERS Medals: See Prizes
FOWL: See Chickens
Cholera: See Cholera
FOWLER'S Solution: See Potassium arsenite
FOXGLOVE in medicine (film review), 1338
FRACTURES: See also Orthopedics; under names of specific bones as Femur
after x-ray exposures, 531—ab
American Fracture Association, meets in Chicago, 229
delayed union of, and syphilis, 167
pseudoarthrosis formation in long tubular bones, [Scheffel] 1347—ab
spontaneous, of sternum in tuberculosis, [Bass & Small] *209
FRANCHISE: See Elections
FRANCO Prize: See Prizes
FRAUDS: See Imposters
FREEDOM
Fellowship for: See Fellowships
heritage of, 264
FREEZING: See Frostbite
FRENULUM
cutting of, ever justified to correct speech defect or nursing difficulty? 630
FREON: See Dichlorodifluoromethane
FRESHMAN Students: See Students, Medical
FRIEDRICHSEN-Waterhouse Syndrome: See Waterhouse
FRIEDLANDER Bacillus: See Klebsiella pneumoniae
FRIGHT: See Fear
FRIGIDITY
in women, management of, [Hulse] *849
FROSTBITE
in Korea, 605
FULBRIGHT Awards: See Fellowships
FUNCTIONAL CARDIOVASCULAR DISEASE: See Asthenia, neurocirculatory
FUNDS: See Foundations
FUNGI
food production by: transform substances into high-protein foods, 1408—E
FUNGI—Continued
Infection with: See Mycosis
medical and veterinary mycology, [Ajello & others] 951—C
mold allergy in Southwest, [Swinny] *464
FUNNEL CHEST: See Thorax

G

G.I. BILL OF RIGHTS
of 1952, (report) *104; 139—E; (Council report) 927; 1691
GALLAMINE TRIETHIODIDE (flaxedil)
synthetic muscle relaxants in anesthesia, [Foldes & others] *1559
GALLBLADDER: See also Bile Ducts; Biliary Tract
calculi, cholangiography during gallstone operations, [Swedberg] 1254—ab
disease, hepatocholecystopathy coexists with menstrual disorders, London, 1239
disease, persistent or recurrent symptoms after cholecystectomy, [Cole] *835
Fistula: See Fistula
inflammation (acute cholecystitis), surgery in, [Cole] *833
Inflammation, (acute), sympathetic in, [Howard] 1346—ab
inflammation, pre- and postoperative thrombin levels; effect of heparin, [Sternberger] *1592
roentgen study, effect of dyes on blood chemistry and basal metabolic rate, 1736
roentgen study, iodopanoic acid, N.N.R., (description) 795; (Winthrop-Stearns) 795
roentgen study, iodopanoic acid (telepaque) for, [Shesadri] 1720—ab
surgery, drainage of bile after cholecystectomy, 1060
surgery, hyperinolytic agent in obstruction of biliary drainage after, [St. James] 613—ab
surgery, muscle relaxants in, [Foldes & others] *1561
surgery, postcholecystectomy syndrome treated by vagotomy, [Coleman] 722—ab
surgery, recent trends, [Cole] *631
GALLSTONES: See Gallbladder, calculi
GAMMA Globulin: See Globulin
GANGLION (nerve)
blocking agents in cerebrovascular accidents, [Petit-Dutaillis] 252—ab
stellate block in Bell's palsy, [Swan] *32
GANGRENE
amputation in thromboangiitis obliterans, 1716
GANTRISIN: See Sulfisoxazole
GARBAGE: See Refuse
GARY, INDIANA
medical care for indigent in, (Council report) 952
GAS: See also under names of specific gases as Oxygen
Embolism: See Embolism, air
keratitis after exposure to tear gas, 1060
Poisoning: See Carbon Monoxide
GASTRECTOMY: See Peptic Ulcer, surgical treatment; Stomach, surgery
GASTRIC: See Stomach
Juice: See Stomach secretion
Ulcer: See Peptic Ulcer
GASTRITIS: See Stomach inflammation
GASTROENTERITIS: See also Food poisoning
outbreaks, U.S., 227; 1608
GASTROENTEROLOGY
Belgian Society, to study Banti's disease and portal hypertension, 1615
certification in, by American Board of Internal Medicine, *388
Inter-American Congress, Mexico, 51
National Gastroenterological Ass'n, Oct. 20-22, 702
GASTROINTESTINAL TRACT: See also Abdomen; Digestive System; Duodenum; Intestines; Stomach
diseases, antilibiotic and chemotherapeutic agents in, [Hughes] *1456
disorders, night secretion of acid gastric juice, [Heggtin] 1261—ab
hemorrhage in infancy and childhood, [Brayton & Norris] *668
hemorrhage (upper), patient with, [Rogers] *473
obstructive disease, give fat emulsion with protein by mouth, gastrostomy, and jejunostomy, [Goldberg & others] *1665
parasitosis and spasmophilic diathesis, Paris, 152
surgery, septic jaundice complicating peritonitis following, [Irwin] 1049—ab
tumors, lymphosarcoma, surgery plus x-rays and nitrogen mustard, [Lockwood] *435
GASTROJEJUNOSTOMY
effect on gastric secretion, [Zubiran] 1339—ab
GASTROSCOPY: See Stomach
GASTROSTOMY
give fat emulsion with protein concentrate by, [Goldberg & others] *1665
GAUCHER'S DISEASE
related to white blood cell changes, [Lawrence & others] *459
GEHRMANN Lecture: See Lectures
GELATIN
plasma expanders, [Ravdin] *12
sponge to prevent postmammectomy lymphedema, [Treves] 1343—ab
GELATIN—Continued
vs. gamma globulin to prevent poliomyelitis, [Hammon & others] *739; *750; *757; 796—E
GELFOAM
rolls to prevent postmammectomy lymphedema, [Treves] 1343—ab
GEMONIL: See Metharbital
GENERAL ELECTRIC Inductotherm, Model F, Type 1, 1489
GENERAL PRACTICE: See Medicine, practice
GENERAL Practitioner: See Physicians, practicing
GENITALS: See also Genitourinary System; Penis; Vagina
adrenogenital syndrome in boy due to adrenocortical tumor, [Riedel] 1043—ab
diphtheria, [Jacobi] 1347—ab
tuberculosis; radical plastic operation with use of polyethylene tubing, (reply) [Walner & Castallo] 1362
GENITOURINARY SYSTEM: See also Urinary System
infections, chemotherapeutic and antibiotic agents in, [Nesbit & Raum] *1459
GENTIAN VIOLET: See Methylrosaniline
GEOGRAPHY
births in hospitals by geographic area, 527
source of freshman students, *113; *116
GEORGETOWN University Award: See Prizes
GERIATRICS: See Old Age
GERMAN MEASLES: See Rubella
GERMANY
U. S. Army hospitals in, [Duncan] 153—C
GERMICIDES: See Disinfection; Sterilization, Bacterial
GERMS: See Bacteria
GERONTOLOGY: See Old Age
GESTATION: See Pregnancy
GIBSON-Potts-Smith Operation: See Arteries, pulmonary
GIDDINESS: See Vertigo
GIFTS: See Donations (cross reference)
GILCHRIST OPERATION
substitute for bladder, [Peck & Newland] *177
GIN: See Alcohol
GINGER BEER: See Alcohol
GIRLS: See Adolescence
GLANDS: See under names of specific glands of Internal Secretion; See Endocrine Glands
GLANDULAR FEVER: See Mononucleosis, Infectious
GLASS
fiber, gowns for radiologists, 1659
GLASSES
number of spectacles supplied under National Health Service, England, 1508
GLAUCOMA
relation to emotional stress; prognosis; therapy, 65
treatment; relation to cataract, 1735
GLOBALINE
name accepted by Council, 861
GLOBULIN
changes in burns, Amino-Stern electrophoresis to study, [Prophetgast] 613—ab
gamma (Red Cross) to prevent poliomyelitis, [Hammon & others] *739; *750; *757; 796—E; (A. M. A. report) 1697
GLOMERULONEPHRITIS: See Nephritis, glomerular
GLOMUS TUMOR
benign dermal neoplasms, [Montgomery] *1183
GLOUCESTER Diabetes Study: See Diabetes Mellitus
GLUCOSE
administration of fluids by hypodermoclysis, 942—E
utilization (impaired) in experimental diabetes, [Stetten] *971
GLYCEMIA: See Blood Sugar; Diabetes Mellitus
GLYCERYL TRINITRATE
sublingually, effective in sight cramps in legs, (reply) [Powe] 630
GLYCOCYAMINE
betaine therapy for chronic residuals of poliomyelitis, [Fallis & Lam] *851
prematurely publicized drug: betaxyamine, 592—E
GLYCOSURIA: See Diabetes Mellitus
GOATS
Milk: See Milk
GOFMAN TEST, 1646
GOITER: See also Goiter, Toxic; Hyperthyroidism
treatment, propylthiouracil and methimazole, [Irwin & others] (correction) 500
GOITER, TOXIC
complications: bile duct dysfunction and indigestion, Italian Society discusses, 505
treatment of thyrotoxicosis, 1086—ab
treatment, polyarteritis nodosa after thiouracil and iodine, [Dalgleish] 1436—ab
treatment, radioactive iodine, 629
GOLD
radioactive colloidal, in pleural effusions and ascites, [King] 1720—ab
GOLDENTONE Hearing Aid, (Model 25) 1015; (Model 69) 1311
GONADOTROPINS
chorionic, effect in adult men, [Maddock] 1344—ab
chorionic, therapy in cryptorchidism, [Deming] 1251—ab

GONADS: See Ovary; Testes
GONOCOCCUS
Infection: See Gonorrhea
GONORRHEA
treatment of shreds that appear in first glass of urine, 629
GORGAS Medal: See Prizes
GOUT
role in formation of urinary calculi, [Kittredge] 723—ab
treatment, oxinofen, [Iversen] 1440—ab
GOVERNMENT: See United States
Hospitals: See Hospitals
GOWN: See Clothing
GRADUATE
Courses: See Education, Medical
Fellowships: See Fellowships
GRADUATES: See also Interns and Internships; Residents and Residencies
Foreign: See Physicians, foreign
in medical schools in United States, 1910-1952, *110
number, *109
with baccalaureate degrees in medical schools, *111
women, in U. S., *114
GRAFTS: See Blood Vessels; Bones; Cornea; Ribs; Veins
GRAIN: See Flour; Rice
Itch: See Acrodermatitis urticarioides
GRAND MAL: See Epilepsy
GRANTS for Research: See American Medical Association; Fellowships; Foundations; Research; University
GRANULAR Lids: See Trachoma
GRANULOCYTES
eosinophilic, life span of, [Esselier] 432—ab
GRANULOCYTOPENIA: See Agranulocytosis
GRANULOMA: See also Lipogranuloma; Paragangliomas
Coccidioidae: See Coccidioidomycosis
etiology: penicillin sensitivity, [Waugh] 512—ab
foreign body, and traumatic neuroma, [Raftery] 619—ab
Malignum: See Hodgkin's Disease
pyogenicum, benign dermal neoplasms, [Montgomery] *1183
sarcoid-like, of pituitary in pituitary insufficiency, [Bleisch] 612—ab
GRAVES' Disease: See Goiter, Toxic
GREASE
cutters, Federal Caustic Poison Law, [Jackson] 278—C
gun injuries, [Bell] 1347—ab
GREAT BRITAIN: See also British
health, 1420
importing new drugs into, 1817
new medical position (pediatrician) created in Royal Household, 1711
Welfare State, 237; 1508
GREAT VESSELS, Transposition of: See Heart anomalies
GREENWOOD Lecture: See Lectures
GREGG'S SYNDROME
influence of measles in pregnancy on fetal life, Sweden, 813
GRIEVANCE Committee: See Societies, Medical
GRINKER, ROY R.
psychiatric communications privileged: opinion filed in case of Samuel Binder vs. Nathaniel S. Rosvelt, 1241
GRIP: See Influenza
Devil's: See Pleurodynia, Epidemic
GROSS Lecture: See Lectures
GROUP
Hospital Insurance: See Hospitals, expense insurance
Practice: See Medicine, practice
GROWTH
changes as result of using ACTH and cortisone, [Boland] *1241
girl 14½ years old grows 8 inches in year, 836
hormone and carbohydrate metabolism, 1602—E
of children, effect of liver supplement on, [Yudkin] 1050—ab
retarded in Hirschsprung's disease, [Stammers] 1640—ab
GUMS: See also Teeth
cancer treatment, [Hendrick & Ward] *1099
GUNS: See Ballistics
GYNECOLOGY
All India Gynaecological and Obstetric Congress (7th), 1121
American Board of: See American Board
course for gynecologists, Minn., 1227
endoscopy in, [MacFayden] 1310—ab
group practice in: American Association of Medical Clinics, [Harrell] 1618—C
International Syndical Reunion, Paris, May 22-23, 1953, 1025
swabs, Stuart's transport medium for, [Alexander] 61—ab

H

HED: See Phenindione
HADEN, RUSSELL, memorial to, (Council report) 932
HAIR
growth, cortisone orally effect on, [Dillaha & Rothman] *546
HAIR—Continued
ingrown: in beard, 1736
Loss of: See Alopecia
pubic, on 6-year old girl, 1615
white forelock with familial white skin spotting (piebaldness), [Cooke] 1150—ab
HALSTED, WILLIAM STEWART
appreciation on centenary of his birth, [Blalock] *1082
centenary, London, 1138
HAND: See also Fingers; Nails; Wrist
atrophy of small muscles as result of cardiac infarct, [Zuidema] 622—ab
numbness, prickling and tingling: median thenar neuritis, 1416
shoulder syndrome, procaine hydrochloride and procaine amide hydrochloride for, [Trant] *785
traumatic vasospastic disease (Raynaud's phenomenon) from using vibratory tools, [Hoerner] 515—ab
HANDICAPPED: See also Blindness; Crippled; Disabilities
children, conference on, Illinois, 224
National Employ the Physically Handicapped Week, 592—E
Rehabilitation: See Rehabilitation
HANNA Lecture: See Lectures
HANSEN'S Disease: See Leprosy
HARVARD Lecture: See Lectures
HARVEY Lecture: See Lectures
HAUSWIRTH Lecture: See Lectures
HAY FEVER
infectious factors in allergy, [Chobot] *1481
HAYDEN, REYNOLDS, memorial to, (Council report) 932
HEAD: See also Brain; Cranium; Face; Neck; Scalp
Bald: See Alopecia
cancer, combined operations in management, [Vieta] 512—ab
congenital toxoplasmosis cause of microcephaly in child? 1444
Erythromelalgia of: See Cephalalgia
extractor (Murless) experiences with, in cesarean section, [Weissman & Carrabba] *1209; (correction) 1322
injuries, post-traumatic irritability, 167
lowering in treatment of hypotension on operating table, [Cole] *273
HEADACHE: See also Migraine
drinking 2 or 3 quarts of milk not cause of headaches, 1549
in lesions of cervical disks, [Neuwirth] 1342—ab
HEALERS
Drugless: See Cults
HEALTH: See also Disease; Hygiene; Sanitation
activities of U. S. Government, A.M.A. resolution on, 1703
American Public Health Ass'n. (meeting, Oct. 20-24), 598; (study medical care and health programs) 1614
Bills: See Health legislation
Center: See also Health units; Medical Center
center (first) by National Health Service, London, 1715
center (new), Mich., 1020
centers planned, New York, 1606
centers (union), Council report, 1093
Child: See Children
Commission of American Medical Association, A.M.A. resolutions on appointment of, 892; 1684
councils, Better Health Council, Ga., 223
councils (community) report by A.M.A. Council on Medical Service, 698
department (state) withdraws from psychiatric field, Neb., 224
Education, A.M.A. Bureau of: See American Medical Association
education of patient by Cleveland Health Museum, [Gebhard] *1594
education, Prentiss award in, 1497
education through compulsory state disability compensation programs, [Farrell] *654
Examination: See Physical Examination
Exhibit: See also Health museum
exhibit, "Health—1952" exhibit available from A.M.A.'s Bureau of Exhibits, 421
in Great Britain, 1420; 1507
in Greenland, 49
Industrial: See Industrial Health
Insurance: See also Insurance, sickness
Insurance Plan of Greater New York, Inc., impact on medical profession, [Master] *766; (correct statements in Dr. Master's article) [Bacher] 1422—C
Inter-American Center of Biostatistics, 709
International Health Organization: See World Health Organization
labor and politics: CIO "'52 Facts on Politics" blocks A.M.A., 1129—E; *1123
legislation (federal), 899
Mental: See Mental Hygiene
Ministry of, Great Britain, (defamation proceedings against physician) 505; (annual report) 1507
museum, Cleveland: (open house) 700; (patient education) [Gebhard] *1594
National Health Service (England): See National Health Service
HEALTH—Continued
National Institutes of Health, (Dr. Shannon succeeds Dr. Topping) 948; (Dr. C. J. Van Slyke appointed associate director) 1418
Needs of Nation, President's Commission on, (Bureau report) 915; (why Dr. Magnuson accepted chairmanship) 1569—C
Negro health practices, 1320
Officers' Conference, 1412
personnel, A.M.A. resolution utilization of, 1700
Plans: See Medical Service Plans
problems in education, Joint Committee on, A.M.A. Bureau cooperated with, 921; 1687
problem of pilgrimage to Mecca, 1711
programs in U. S., A.P.H.A. and U.S.P.H.S. to study, 1614
public, aspects of speech and hearing program in Tennessee, [Foote] *1390
public, fellowships in by National Foundation for Infantile Paralysis, 1229
public, Swedish Public Health Service, new head, 427
Resources Advisory Committee, report, 708
Rice and Health (film review), 429
Rural: See Rural Communities
Services: See also Medical Service
Statistics: See Vital Statistics
U.S.P.H.S., (technical training courses) 48; (officers no longer on military status) 48; (report communicable disease in areas other than U.S.) 498; (clinical center for medical research) [Topping] *541; (epidemic intelligence service expanded) 709; (new chief medical officer of coast guard) 709; (officers status under "Doctor Draft Law") 611; (Toxoplasma Diagnostic Laboratory Service available) [Sabin & others] *1063; (appoint assistant director of new clinical center: Dr. Dixon) 1137; (new assistant surgeon general: Dr. Price) 1137; (courses in radiological health protection) 1327; (instruction in nursing aides) 1418; (encephalitis studies in Greeley, Colo.) 1493; (Small Plant Health and Medical Programs available) 1504; (to study regional medical care and health programs) 1614; (program to control diarrhea) 1614
Units: See also Health center; Medical Center
units, number of public health workers, 948
visitors, spying by under National Health Scheme, London, 505
World Health Organization: See World Health Organization
HEARING: See also Ear
Aids: See Hearing Aids *following*
airplane noise effect on auditory thresholds, [Senturia] 1146—ab
A.M.A. audiogram and hearing lost chart, [Fowler] *878
clinic, (La.), 1126; (Mass.) 1495
impaired, and industrial noise, 798—E
Loss of: See Deafness
program in Tennessee, public health aspects of, [Foote] *1390
tests in schools, Ariz., 595
tests, Maico F-1 Standard Audiometer, No. 1303, 1015
tests, minimal requirements for acceptable speech audiometers, (Council report) 1117
tests (pure tone and speech), evaluated, [Fowler] *878
HEARING AIDS
Ambco Hearing Amplifier (Table Model) 1489
Audiotone, Model 11, 1311
Goldentone, (Model 25) 1015; (Model 69) 1311
panel discussion on, Calif., 1226
HEART: See also Arteries, coronary; Cardiovascular System; Endocardium; Pericardium
action, control by electrical stimuli, [Herrod] 1537—ab
American Heart Association (grants for research) 805; (lifetime grant) 1495
Angiocardiography: See Cardiovascular System
Anomalies: See also Ductus Arteriosus, patent; Heart disease (congenital)
anomalies, anoxia cause of endocardial fibroelastosis in infancy, [Johnson] 1717—ab
anomalies, Congenital Malformations of the Heart (film review) 241
anomalies, pulmonic valve stenosis with open foramen ovale, [Johnson] 1718—ab
anomalies, tetralogy of Fallot, Brock's surgical method, [Muller] 1429—ab
anomalies, tetralogy of Fallot, congenital heart block in newborn, [Bernreiter & O'Connell] *792
anomalies, tetralogy of Fallot, x-ray localization of descending aorta before performing Potts-Smith-Gibson operation, [Zinsser & others] *1260
anomalies, transposition of great vessels, surgery for, [Dry] *24
anomalies, treatment of congenital malformations, [Muller] 1153—ab
arrest and resuscitation during repair of diaphragmatic hernia in infant, [Veik & others] *213; (correction) 1322
Arrhythmia: See Arrhythmia

HEART—Continued
- artificial, extracorporeal oxygenation with oxygenator-pump, [Helmsworth & others] *451
- artificial, temporary mechanical substitute for left ventricle, [Dodrill & others] *642
- atrial septal defect, surgery for, [Dry] *24
- Beat, premature: See Arrhythmia, extrasystoles
- block (complete auriculoventricular) [Karnl] 1351—ab
- block (congenital) in newborn, [Bernreiter & O'Connell] *792
- block, Wolff-Parkinson-White syndrome in infancy, [Gleckler & Lay] *683
- catheterization, mitral commissurotomy during pregnancy, [Cooley & Chapman] *1113
- Decompensation: See Heart insufficiency
- Disease: See also Cardiovascular Disease; Endocarditis; Pericarditis
- disease, aid in returning patient to work, 1608
- disease, clinic on, (Wis.) 701; (Ark.) 1226
- Disease (Congenital): See also Heart anomalies
- disease (congenital), hemorrhagic disorder in, [Hartmann] 822—ab
- disease (congenital) in children: future pregnancy advisable, 1443
- disease (congenital) vs. birth rank and maternal age, [MacMahon] 1433—ab
- Disease (coronary): See Arteries, coronary
- disease, course in cardiology, Wis., 701
- disease, digitalis poisoning, [Masonl] 162—ab
- disease, frequency of functional disturbances in 1,000 patients, [Master] *195
- disease, functional, [Stigler] 1141—C
- Disease, Hypertensive: See Blood Pressure, High
- disease of infancy fatal: endocardial sclerosis, [Blumberg] 1531—ab
- disease, "paradoxical" brain abscess with Eatenbacher's syndrome, [Ehni & Crain] *1298
- disease, phenobarbital in, 528
- disease, pilot control program, N. Y., 1495
- disease, prematurely publicized drug; betaxyamine, 592—E
- disease, present status of surgical treatment, [Dry] *19
- Disease (pulmonary) (cor pulmonale): See Heart hypertrophy
- disease, radioactive iodine treatment, [Blumgart] 1343—ab
- disease (rheumatic) auricular thrombosis, mitral commissurotomy and aortic embolectomy; auricular appendectomy, [Bloomberg & others] *1216
- disease (rheumatic), International Rheumatic Fever Study on relative values of corticotropin, cortisone, and salicylates, 1024
- disease (rheumatic), late prognosis in; relation to pregnancy, [Poppi] 161—ab
- disease, smoking and cardiovascular system, 1010—E
- disease, systematic treatment, Sweden, 507
- disease, thyroidectomy for, 1735
- disease, tolerance of adults vs. children to digitoxin, [Mathes & others] *191
- disease; transcriptions available from AMA Bureau, 39
- disease (valvular), vitamin E no value in, 1549
- electrocardiogram, abnormal and later normal in myocardial infarction, 1358
- electrocardiogram classifications in angina pectoris, relation to survival rates, [Block & others] *263
- electrocardiogram of dying human heart, [Rosenberg] 817—ab
- electrocardiogram on day of birth in congenital heart block in newborn, [Bernreiter & O'Connell] *792
- electrocardiogram, simultaneous independent paroxysmal tachycardias, [Bernstein & others] *446
- electrocardiogram, tolerance of adults vs. children to digitoxin, [Mathes & others] *191
- electrocardiogram, Wolff-Parkinson-White syndrome and paroxysmal tachycardia in infancy, [Gleckler & Lay] *683
- electrocardiographic interpretation, course in, Ill., 1708
- Emphysema (cor pulmonale): See Heart hypertrophy
- Enlargement: See Heart hypertrophy
- exhibit at Museum of Science and Industry, Chicago, 699
- Failure: See Heart insufficiency
- fellowship in pediatric cardiology, Utah, 1607
- function tests for coronary insufficiency, (reply) [Weinstein] 168
- hypertrophy, aortic stenosis manifested as chronic cor pulmonale, [Scholf & others] *1111
- hypertrophy, cor pulmonale, treated with positive pressure breathing, [Smart & others] *1389
- in Industry conference, Illinois, 1020
- Infarction: See Myocardium
- infections, use of chemotherapy and antibiotics, [Herrell] *1450
- Inflammation: See also Endocarditis; Pericarditis

HEART—Continued
- inflammation (rheumatic active) discovered at operation for mitral stenosis, [Björk] 1717—ab
- Inflammation (rheumatic), cortisone and corticotropin for, [Bunim & others] *1273
- insufficiency, cation exchange resin in congestive failure, [Voyles] 250—ab
- insufficiency, ligate inferior vena cava in cardiac decompensation, [Berto] 522—ab
- Insufficiency, rehabilitation of patients with; correction, [Benton] 1423—C
- insufficiency, thrombin recovery test, [Sternberger] *1593
- Inter-American Congress of Cardiology (4th), Argentina, 1031
- Irritable: See Asthenia, neurocirculatory
- Italian Society of Cardiology (14th), 1506
- lung machine, mechanical, [Helmsworth & others] *451
- murmurs, frequency in 1,000 patients, [Master] *195
- Muscle: See Myocarditis; Myocardium
- National Heart Institute, (Dr. James Watt appointed director) 1418
- Neurosis: See Asthenia, neurocirculatory
- Output: See also Blood circulation
- output in congenital absence of right pulmonary artery, [Madoff] 1252—ab
- Pain: See also Angina Pectoris
- pain, 1359
- perforation of interventricular septum, complicating myocardial infarction, [Zucker] 813—ab
- precordial migraine, [Briggs] 314—ab
- procaine amide (pronestyl) effect on, [Zapata-Diaz] 614—ab
- puncture, recording of intracardiac pressure by, [Méthaus] 731—ab
- Rate: See Pulse; Tachycardia
- Research Center, dedicated, Calif., 1316
- research, gift to Chicago Medical School from Meyer Katz Family Foundation, 1226
- Rhythm: See Arrhythmia
- rupture (spontaneous), pathogenesis, [Wessler] 1538—ab
- Sounds: See Heart murmurs
- station, new at Wesley Memorial Hospital, 1317
- surgery, auricular thrombosis, mitral commissurotomy, auricular appendectomy, [Bloomberg & others] *1216
- Surgery, Commissurotomy: See Mitral Valve surgery, extracorporeal oxygenation with oxygenator-pump, [Helmsworth & others] *451
- surgery, induced hypothermia for intracardiac operation, [Conkson] 1629—ab
- surgery, new umbrella-like dilator and wire guide for aortic stenosis, [Bailey & others] *1647
- surgery, present status, for cardiac diseases, [Dry] *19
- surgery, successful removal of tumor of heart, [Maurer] 159—ab
- surgery, temporary mechanical substitute for left ventricle in man, [Dodrill & others] *642
- surgery, valvulotomy for mitral stenosis, [Baker] 161—ab; [Gerbode] 1145—ab
- symposium in Martinsburg, W. Va., 498
- tumors, successful removal, [Maurer] 159—ab
- Valves: See Aortic Valve; Heart surgery; Mitral Valve; Pulmonary Valve
- Valvular Disease: See Heart disease
- vectocardiography, 172—ab
- ventricular septal defect, surgery for, [Dry] *24
- wounds of, antibiotics and chemotherapy for, [Herrell] *1455

HEAT: See also Burns; Tropics
- exhaustion, combined caffeine and ergotamine in, [Meerloo] 1248—ab
- Production: See Metabolism, basal
- Therapeutic Use: See Diathermy; Fever, therapeutic; Ultrasonics

HEBERDEN'S NODES
- treatment, 1443

HEBREW UNIVERSITY
- Hadassah Medical School, 710

HECOGENIN
- cortisone synthesis from sapogenin in sisal waste, Medical Research Council report, 1330

HEDULIN: See Phenindione

HEIGHT: See Body height

HELICOPTERS: See Aviation

HELIODERMATITIS
- prevention with *p*-aminobenzoic acid, [Bell] 1432—ab

HELMETS: See also Masks
- motorcyclists should wear, to prevent death, 606

HELMINTHIASIS: See Teniasis

HEMAGGLUTININS: See Agglutinins, cold; Blood groups

HEMANGIOENDOTHELIOMA
- malignant dermal neoplasms, [Montgomery] *1186

HEMANGIOMA
- portwine, in infant, treatment, 738
- treatment, 855—ab

HEMANGIOPERICYTOMA
- benign dermal neoplasms, [Montgomery] *1184

HEMATEMESIS
- due to esophageal varices from portal cirrhosis, surgical treatment, [Knepper] 826—ab

HEMATOCHEZIA: See Feces, blood in

HEMATOCRIT
- Wintrobe, and platelet count, [Friedman & others] *83

HEMATOLOGY: See Blood

HEMATOMA
- ganglion-blocking agents in cerebrovascular accidents, [Petit-Dutaillis] 252—ab
- spontaneous intracerebral, [Gros] 1641—ab
- subtentorial, cerebral angiography in, [Petit-Dutaillis] 523—ab

HEMIHYPERTROPHY: See Hypertrophy

HEMIPLEGIA
- denial of illness in 100 cases, [Nathanson] 1625—ab
- etiology: hornet stings, 1646
- multipurpose brace; useful adjunct in rehabilitation, [Snow] *887
- organic, improved by convulsive shock, [Leroy] 829—ab

HEMISPHERECTOMY: See Brain surgery

HEMOGLOBIN: See also Methemoglobinemia
- biosynthesis, 1223—E
- difficult problems of hemoglobinometry, 1267
- in Urine: See Hemoglobinuria
- quantity in Morgagni-Laennec cirrhosis, [Falloon] 1543—ab

HEMOGLOBINURIA
- paroxysmal nocturnal, corticotropin for, [Kalant] 822—ab

HEMO-IRRADIATION: See Ultraviolet Rays

HEMOLYSIS: See Anemia
- Disease in Newborn: See Erythroblastosis, Fetal

HEMOPHILIA: See also Parahemophilia
- treatment, plasma transfusion, [Van Creveld] 955—ab

HEMOPHILUS ducreyi Infection: See Chancroid

HEMOPTYSIS
- idiopathic, prognosis in, [Douglass & Carr] *764

HEMORRHAGE: See also Hemophilia; Purpura; Telangiectasia; under names of diseases, regions and organs affected
- Control: See Hemostasis
- disorder in congenital heart disease, [Hartmann] 822—ab
- hemorrhagic fever, medical management, [Katz & others] *1363
- in surgical patients, controlled hypotension to reduce, [Mann] 1352—ab
- Menstrual: See Menstruation
- Subarachnoid: See Meninges
- subcutaneous, cause of, 1735
- Thrombopenic: See Purpura, thrombopenic

HEMORRHOIDS
- pain in anorectal region, [Hill] *579
- thrombosed, thrombin recovery test in [Sternberger] *1593

HEMOSTASIS
- defect in thrombocytopenia, [Falconi] 819—ab
- induced hypotension, [Mann] 1352—ab

HEMOTHERAPY: See Blood Transfusion

HEMOTHORAX
- reaction to streptokinase and streptodornase, [Miller & Long] *814—C
- treatment, streptokinase-streptodornase, [Egense] 1437—ab
- treatment, streptokinase-streptodornase injected into pleural space, [Hopkins] 1535—ab

HEMP
- disease, fungus infections among industrial workers, Norway, 1331

HENDERSON, ELMER L.
- statement on terminating activities of coordinating committee, 1695
- tribute to, 1681

HEPARIN
- clotting time in myocardium infarction, [Rosenthal] 1343—ab
- effect on pre- and post-operative thrombin levels, (chart) [Sternberger] *1592
- retardation time (Rosenthal) as coagulation test, [Friedman & others] *83
- sodium-U.S.P., N.N.R., (Organon) 219; (Premo) 1405

HEPATIC: See Liver

HEPATITIS
- Infectious: See Liver Inflammation

HEPATOMA
- primary malignant, liver resection in, [Nyström] 1638—ab

HEREDITY: See also under names of specific diseases as Breast cancer; Diabetes Mellitus of blood groups, 1206
- of methemoglobinemic cyanosis, [Codounis] 1543—ab
- of sexual precocity, [Jacobsen] 1043—ab

HERMAPHRODITISM
- true hermaphrodite and pseudohermaphrodite in adrenal virilism, [Jailer & others] *575

HERNIA: See also Brain; Spine, intervertebral disk
- diaphragmatic, hiatus paramocrelc complicating therapeutic pneumoperitoneum, [Friedman] *211
- diaphragmatic, in infant, cardiac arrest and resuscitation during repair of, [Volk & others] *213; (correction) 1322

HERNIA—Continued
diaphragmatic, protrusion of liver through, [Ravitch] 613—ab
inguinal, in infants and children, Brazil, 949; 1231
inguinal, peripheral vascular disease caused by truss? 434
inguinal: surgical treatment; sclerosing injections? 836
of Meninges: See Meningocele
painful, low back pain due to, [Ficarra & McLaughlin] *855
HEROES
occupational hazards in laboratory workers, 1621
War: See Korean War, Heroes
HERPES
simplex, recurrent, 1646
zoster, attenuated virus in autogenous blood serum for, [Bodoharani] 518—ab
zoster, chickenpox related to? 65; 1033
zoster, corticotropin and cortisone for [Weinstein] 1641—ab
zoster ophthalmicus, corticotropin treatment, [Poulin] 1725—ab
HERZSTEIN Lecture: See Lectures
HEXACHLOROPHENE
soap, N.N.R., (Holcomb) 1105
HEXAMETHONIUM (bismitrium; esmoid; methium)
bromide and hexamethonium chloride, name accepted by Council, 861
bromide and kidney function, [McQueen] 1156—ab
bromide, ganglion-blocking agents in cerebrovascular accidents, [Petit-Dutaillis] 252—ab
compounds in hypertension, [Blainey] 251—ab
HEXESTROL
N.N.R., (Physicians' Drug) 1105
HIATUS Hernia: See Hernia, diaphragmatic
HICCUP
treatment, [Givot & Flynn] *760
HIGH
Blood Pressure: See Blood Pressure, High
Frequency Apparatus: See Diathermy
Frequency Sound: See Ultrasonics
HIGHWAY Accidents: See Automobiles, accidents
HILL-Burton Act: See Hospitals, building program
HILLENBRAND, HAROLD, D.D.S., reply to unjustified criticism of physicians and dentists by Rear Adm. Lamont Pugh, 1312—E
HIP: See also Femur; Pelvis
rheumoid arthritis, Italy, 1616
HIRSCHSPRUNG'S Disease: See Colon, megacolon
HISTADYL: See Thenylpyramine
HISTAMINE
Antihistamine: See Antihistamines
treatment of multiple sclerosis using lontophoresis (electrophoresis), 737
HISTOLOGY: See Tissues
HISTOPLASMA
capsulatum in soil; cause Camp Gruber pneumonitis? [Furcolow] 1041—ab
HISTOPLASMOSIS
resectable mycotic lesions and acutely fatal mycoses, [Baker] *1579
HISTORY of Medicine: See Medicine, history
HOBBIES: See Physicians, avocations
HODGKIN'S DISEASE
associated with dermatomyositis, [Curtis & others] *814
benign, [Harrison] 1729—ab
complicating pregnancy, [Nagel] 1348—ab
of stomach, [Jackson] 1255—ab; [Benedict] 1621—C
treatment, ACTH and cortisone in children, [Stickney & Mills] *1280
treatment, colchicine, Paris, 711
treatment, triethylene melamine, [Rundle] 57—ab
HOFFMANN-Werdnig Disease: See Werdnig
HOFHEIMER Award: See Prizes
HOGS: See Swineherd's Disease; Trichinosis
HOLDING CORPORATION FOR PATENTS
recommended, 889; (Reference Committee report) 1684
HOME: See also Housing
care program and practitioner, [Bluestone] 1034—C
HOMOGRAFTS: See Blood Vessels
HOOF AND MOUTH DISEASE: See Foot and Mouth Disease
HOOKWORM Infection: See Ancylostomiasis
HORMODENDRUM pedrosi: See Chromoblastomycosis
HORMONES: See also Endocrine Glands; under names of specific glands as Adrenals
carcinoma of breast, and, 78—ab
Creams: See Estrogens
role in activity of myocardium, Italy, 1506
Sex: See Androgens; Estrogens; Gonadotropins; Sex hormones
HORNETS
sting by 100 yellow jackets; cause of cerebral thrombosis and hemiplegia? 1646
HORSE SHOE CLUB
for encouraging Anglo-American cooperation, London, 1239
HORTEGA'S Method: See Staining
HOSPITALIZATION INSURANCE: See Hospitals, expense insurance; Medical Service Plans
HOSPITALS: See also Clinics (cross reference); Medicolegal Abstracts at end of letter M
administration, 176 persons engaged in, London, 1240
A.M.A. Council on Medical Education and Hospitals: See American Medical Association
Approved by A.M.A.: See Hospitals registered
Army, Fitzsimons, specific drug treatment of tuberculosis in, [Tempel] *1165
Army, in Germany and Austria, [Duncan] 153—C
Army, 65th general hospital reunion at Duke University, 603
Army Surgical, 8055 Mobile treats fifty thousandth battle casualty, 603
autopsy rates highest in, 1951-1952 (Council report) *279
bed capacity, number of internships by 1951-1952, *276; *277
Building Program: See also Hospitals, veterans; and various subheads under Hospitals
building program (Hill-Burton), 1,000 completed under Hospital Survey and Construction Act
building project, costing 781 millions, U. S., 1418
building projects, 950, completed, under Hill-Burton Act, 48
building, without federal funds; case of Misericordia Hospital, Milwaukee, 891; [Furtell] 1141—C
Care: See Hospitals service
children's (infants') Sweden, 507
children's legacy to by Charles J. Manderfield, Pa., 1022
children's, study 1,539 undernourished infants in Chile, 1505
cleansing procedures after contagious diseases, 257
control, number of internships by type of, 1951-1952, 276
control, residencies by type of, (Council report) *281
Cook County, femoral and iliac artery embolectomy from 1946 to 1951, [Klingensmith & Theis] *1393
Cost of Care in: See Hospitals, service
Expense Insurance: See also Insurance, sickness; Medical Service Plans
expense insurance, prepayment hospital and medical service, (Council report) 938
expense insurance through individual policies up to age 75, [Bauer] 1679
Facilities: See Hospitals, service
for Joint Diseases, alumni conference, New York, 802
general, autonomy for, Mexico City, 51
Government: See Hospitals, Army; Hospitals, veterans
Group Hospitalization: See Hospitals, expense insurance
Insurance: See Hospitals, expense insurance
International Hospital Congress, 1711
Interns: Internships: See Interns and Internships
Laramie County Memorial, medical care for indigent Wyo., (Council report) *1334
London Lock, close venereal disease treatment center; 1746-1952 records complete, 1181—ab
Massachusetts Memorial, anesthesia conference at, 1495
maternity, births in hospitals by geographic areas, statistics on, 527
maternity, Sloane, New York, 143
Medical Education Day (first) Oct. 27, Conn., 595
Medical Service Plans: See Hospitals, expense insurance
Menorah, Kansas City, fluid and electrolyte balance service for clinical use, [Statland] *771
Michael Reese, psychiatric communications privileged: opinion filed in case of Samuel Binder vs. Nathaniel S. Ruvell, 1241
Montefiore, home care program and practitioner, [Bluestone] 1034—C
Mt. Sinai, New York, ileostomy club, [Lyons] 813—C
Neuropsychiatric: See Hospitals, psychiatric
Nurses: Nursing: See Nurses and Nursing
patients, Ministry of Health defamation proceedings against physician, London, 505
Pennsylvania, and U. of Pennsylvania formed alliance, 1496
Personnel: See also Hospitals, staff
personnel problems; employment of older married women, [Church] 715—C
practice of medicine and, (Council report) 933
privilege tax by, Judicial Council report, 1706; 1707
Psychiatric: See also Hospitals, state
psychiatric, 4th mental hospital institute of American Psychiatric Association, 701
registered, Joint Commission on Accreditation of, (Council report) 929; 1225
registered, number of internships, (Council report) *275; 418—E
Residents: Residencies: See Residents and Residencies
HOSPITALS—Continued
Service: See also Medical Service Plans
service, cost of care; cooperative program to reduce, A.H.A. Council on Professional Practice, 696—E; [Smoke] 713—C
service, cost of care increased by self-medication of fetrial skin lesions, [Gaul] 1511—C
service, cost of care per patient, London, 237
service facilities, (Council report) 935
service facilities for use in disasters, Calif, 944
service in Great Britain, statistics on, 1507
service in Israel, 710
Service Plans: See Hospitals, expense insurance; Medical Service Plans
ships care for 33,000 patients, 48
staff, A.M.A. resolution on reduction in number of required meetings, 1700
staff opening to general practitioner, [Maltin] 1423—C; (A.M.A. reply) 1423—C
staff, temporary courtesy appointment, New York, 40
state legislation, (Bureau report) 917
state, prisoners of emotional disorders in, 1566—ab
Survey and Construction Act: See Hospitals, building program
tissue committee, effective in raising surgical standards, [Weinert & Brill] *992
training course for general practitioners, Pa., 803
veterans, Dayton, Ohio, residencies available at, 1137
veterans, eligibility for medical care in, [Booher] 1683
veterans, managers (new) 1137; 1504
veterans, symposium on breast cancer at Crile Hospital, 1504
HOUSE of Delegates: See American Medical Association
HOUSING: See also Home
relative humidities at various floor levels in building (basement up) 628
HOXSEY, HARRY M., has setback, 54—BI
HUMIDITY
relative, and barometric pressures at basement, low first, and third floor levels; effects on arthritic patient? 628
HUNGER: See Appetite; Starvation
HUTCHINGS Lecture: See Lectures
HYALURONIDASE
administration of fluids by hypodermoclysis, 942—E
effect on urine and its role in renal lithiasis, [Butt & others] *1096
in renal lithiasis, [Butt] 158—ab
HYDANTOIN
Methylphenylethyl: See Methylphenylethyl Hydantoin
HYDATID DISEASE: See Echinococcosis
HYDRALAZINE HYDROCHLORIDE (apresoline)
name accepted by Council, 861
1-HYDRAZINOPHTHALAZINE
treatment of hypertension, [Johnson] 720—ab
HYDROCORTISONE
acetate, intra-articular injection, [Stevenson] 1154—ab
acetate, name accepted by Council, 861
acetate N.N.R., (description) 1601; (Merck) 1601
clinical use, [Boland] *1281
iatrogenic adrenal insufficiency, 1222—E
treatment, intra-articular injection in arthritis, [Ensign] 1725—ab
treatment, local injection inhibits tuberculin reactions, [Goldman & others] *30
treatment of adrenal virilism, [Jaller & others] *375
treatment of ocular disease, [Steffensen] *1868
HYDROCORTONE Acetate: See Hydrocortisone acetate
HYDROGEN
Nucleus: See Protons
HYDROMASSAGE
Ille, Subaqua Therapy Units, 1311
HYDROPHOBIA: See Rabies
HYDROPS Fetalis: See Erythroblastosis, Fetal
HYDROQUINONE
monobenzyl ether of, in adhesive tape causes depigmentation, [McKusick & Stacey] 1332—C
17-HYDROXY-CORTICOSTERONE: See Hydrocortisone
HYDROXYCOUMARIN
Methylene bis: See Bishydroxycoumarin
HYGEIA (Today's Health): See American Medical Association, Today's Health
HYGIENE: See also Health; Sanitation
Industrial: See Industrial Hygiene
medical hygienists convention, Italy, 1329
Mental: See Mental Hygiene
HYPERGLOBULINEMIA: See Blood proteins
HYPERHIDROSIS: See Sweat
HYPERINSULINISM: See Pancreas
HYPERKERATOSIS: See Keratosis
HYPERLIPEMIA: See Blood fats
HYPERPARATHYROIDISM: See Parathyroid
HYPERPNEA: See Respiration, hyperventilation
HYPERPYREXIA: See Fever, therapeutic
HYPERSENSITIVITY: See Allergy
HYPERSPLENISM: See Spleen
HYPERSPLENOMEGALY: See Splenomegaly
HYPERTENSION: See Blood Pressure, High

V 1
195

HYPERTHERMIA: See Fever
HYPERTHYROIDISM: See also Goiter
anesthesia in, [Turner] 731—ab
recurrent, avoidance with radical, subtotal thyroidectomy, [Bartlett] 1633—ab
treatment, 5 year experience with radioactive iodine [Clark & others] *1269; (correction) 1609
treatment, propylthiouracil, [Mazzel] 731—ab
treatment, propylthiouracil and methimazole [Irwin & others] (correction) 500
treatment, thiouracil effect on circulating eosinophils, [de la Balze] 1522—ab
HYPERTROPHIC Arthritis: See Osteoarthritis
HYPERTROPHY: See also Heart; Splenomegaly
hemihypertrophy in adrenogenital syndrome in boy, [Riedel] 1043—ab
HYPERVENTILATION: See Respiration, hyperventilation
HYPNOSIS
ichthyosiform erythroderma treated by, [Mason] 1543—ab
HYPODERMIC
needles, sale of, state legislation, (Bureau report) 917
Injections: See Injections
HYPODERMOCLYSIS: See Injections, hypodermic
HYPOPARATHYROIDISM: See Parathyroid
HYPOPHYSIS: See Pituitary
HYPOPITUITARISM: See Pituitary
HYPOPROTHROMBINEMIA: See Blood prothrombin
HYPOSENSITIZATION: See Allergy
HYPOTENSION: See Blood Pressure, low
HYPOTHERMIA: See Temperature, Body
HYPOTHYROIDISM: See also Myxedema
geriatrics and, [Pollack] 609—C
liver damage, and vitamin A deficiency in hyperkeratosis, [Shaw] 1425—ab
tuberculosis and; thyroid extract indicated, 527
HYPOVITAMINOSIS: See Vitamin deficiencies
HYSTEROSCOPE
use of water in, [Liber; LaCanna] 609—C

I

I131: See Iodine, radioactive
I.L.O.: See International Labor Organization
IBN SINA: See Avicenna
ICHTHYOSIS: See Erythroderma, Ichthyosiform
ICTERUS: See Jaundice
IDENTIFICATION
of medical and religious personnel in armed forces, Belgium, 604
IDIOSYNCRASY: See Allergy
ILEOPROCTOSTOMY
evaluation of, in various colon lesions, [Best] *637
ILEOSTOMY: See also Colostomy
Club at Mt. Sinai Hospital, [Lyons] 812—C
clubs, [Fradkin] 1621—C
Ileoproctostomy substituted for, in various colon lesions, [Best] *637
ILEUM
replacing stomach with right ileocolon after total gastrectomy, [Hunnicutt] 1144—ab
substitute for bladder; Gilchrist operation, [Peck & Newland] *1177
surgery, diarrhea after excision, 528
tumors, rare ileocecal sarcoma, Turkey, 712
ILLE Hydromassage Subaqua Therapy units, 1311
ILLEGAL Operation: See Abortion, criminal
ILLINOIS
University of: See University
ILLNESS: See Disease
ILLUMINATION: See Lighting
ILLUSTRATION: See Art
ILOTYCIN: See Erythromycin
IMMIGRATION
numerical predominance of women over men in U. S., 1222—E
IMMUNITY: See Antibodies; Pseudoimmunity; under names of specific diseases as Yellow Fever
IMMUNIZATION: See also under names of specific diseases as Influenza; Whooping Cough
BCG: See Tuberculosis immunization
of infants, 1361
IMPLANTATION: See Thyroid
IMPOSTERS
warning—medical uniforms salesman: E. M. Williams, [Greentree] 238—C
IMPOTENCE
in diabetes; testosterone treatment, 1361
management of, [Hulse] *946
sympathectomy followed by, [Rosenauer] 832—ab
IMPREGNATION: See Coitus; Pregnancy
INANITION: See Nutrition deficiency; Starvation
INCOME: See Fees; Wages
Tax: See Tax, income
INCONTINENCE: See Urine
INDELIBLE PENCIL
accidental poisoning of eye from, fluorescein solution for, [Hosford & Smith] *1482
INDEX
Medicus: See American Medical Association, Quarterly Cumulative Index Medicus
INDIA
All India Obstetric and Gynaecological Congress (7th), 1131
INDIA—Continued
BCG vaccination in, first results, [Ranganathan] 520—ab
leprosy center proposed for, 1131
medicine in; Indian Medical Association, President Bauer's page, 1314
socialization of medicine in, 889
INDIANA
chest x-ray program (5 year) in Vanderburgh County, [Crimm] 1534—ab
Lake County (Gary), medical care for indigent in, (Council report) 952
State Fair, grain itch at, [Booth & Jones] *1576
INDIANA UNIVERSITY
propylthiouracil vs. methimazole in goiter and hyperthyroidism, [Irwin & others] (correction) 500
INDIGENT: See Medically Indigent
INDUCTOTHERM
General Electric, Model F, Type 1, 1189
INDUSTRIAL ACCIDENTS: See also Workmen's Compensation
deaths due to professional boxing and football, 1490—E
emotional reaction after electric shock in laborer, 1267
grease-gun injuries, [Bell] 1347—ab
intervertebral disk rupture, [Aitken] 1627—ab
medical program for boxing industry, [Verlaine] *651; 1490—E
statistics on, from National Safety Council, 804
symposium on industrial injuries, Conn., 496
to eye from aniline pencils, [Horsford & Smith] *1482
INDUSTRIAL DERMATOSES
clam diggers schistosome dermatitis from sea water, [Orris] 1625—ab
grain itch in farm workers from mite infected wheat straw, [Booth & Jones] *1575
in refining industry, 65
scrap metal cause of, 1164
INDUSTRIAL DISEASES: See also Industrial Dermatoses
acute anemia in stevedore, 1059
beryllium and pulmonary fibrosis, 1358
chest diseases, [Principi] *1173
chromate workers; morbidity and mortality [Brinton] 1636—ab
conjunctivitis due to Newcastle disease virus in poultry workers, [Nelson] 615—ab
feet of dancers, [Rait] 1732—ab
"freon" poisoning in refrigeration mechanics, 1360
fungus infections among workers, Norway, 1351
hazard of high oxygen atmospheres, 1058
hazards in oil refining industry, 65
leukemia and other malignant diseases in physicians, [Peller] 142—ab
maximum permissible exposure to X-rays, [Stone] 60—ab
milkers' nodules, [Nonland] 612—ab
Pneumonoconiosis: See Pneumonoconiosis
psittacosis (ornithosis) in owner of pheasant ranch, [Ward & Birge] *217
radar not cause of cataracts, 528
roentgenograms of lungs of workers exposed to soot, [Töpper] 1256—ab
Silicosis: See Pneumonoconiosis
syphilis as occupational hazard to physicians, 1603—E
traumatic vasospastic disease of hand (Raynaud's phenomenon) from vibratory tools, [Hoerner] 515—ab
INDUSTRIAL HAZARD: See Industrial Diseases
INDUSTRIAL HEALTH: See also Industrial Hygiene
aging, health, and employment, 909
A. M. A. Council on Industrial Health: See American Medical Association
duties of; role of medical personnel problems; employment of older married women, [Church] 715-C
employment of handicapped, 592-E
employment of rehabilitated persons, Illinois, 1019
fellowships available from Institute of Industrial Health, Ohio, 1495
fellowships in industrial medicine by U.S. Atomic Energy Commission, 1503
Gulf Coast Conference on, 144
health advisory group for industrial survey, 228
"Heart in Industry" conference, Illinois, 1020
Joint Conference with State Committees on, (Council report) 908
medical care for workers, (Council report) 936
medicine and general practice, (Council report) 909
medicine, lectures on, Pa., 1411
noise and impaired hearing, 798—E
noise from airplanes effect on auditory threshold, [Sentturia] 1146—ab
noise in industry, (Council report) 909
problem drinker in industry, [Page] 1726—ab
program for "Family Doctor" launched by American Academy of General Practice and A.M.A. Council, 421
rehabilitation pays dividends; gainful employment of patients, [Rusk] *837
services, guiding principles for small plant, (Council report) 909
INDUSTRIAL HEALTH—Continued
Small Plant Health and Medical Programs available from U.S.P.H.S., 1504
survey in Egypt, 145
Today's Health ordered for their employees by many firms, 421
INDUSTRIAL HYGIENE
air conditioning, 257
environmental health, hygiene and safety, (Council report) 909
INDUSTRIAL INJURIES: See Industrial Accidents
INDUSTRIAL POISONING: See Industrial Dermatoses; Industrial Diseases
INDUSTRIAL TRADE UNIONS
A.M.A. resolutions on I.L.O. attempt to socialize medicine, 892; 1684; 1701
CIO "'52 Facts on Politics" attacks American Medical Association, 1120—E; *1121
closed shop controversy, London, 711; 1239
survey of UMWA program, (Council report) 936; 1693
World Medical Association and the I.L.O., [Bauer] 1040
INEBRIETY: See Alcoholism
INERTIA, Pernicious: See Fatigue
INFANTILE PARALYSIS: See Poliomyelitis
INFANTS: See also Children; Infants, Newborn; Pediatrics; under names of specific diseases
Adoption: See Adoption
alkali reserve in acute digestive disturbances, [Schmöger] 1437—ab
aniline poisoning in 41 from laundry inks, [Rodeck] 1638—ab
bed, lead-free paint for, 1446
cancer of prostate of, [Griswold] *701
cardiac arrest and resuscitation during repair of diaphragmatic hernia in, [Volk & others] *213; (correction) 1322
convulsive seizures (mild) in, (reply) [Greenblatt] 630
cutting frenulum ever justified to correct speech defect or nursing difficulty? 630
Emergency Maternity and Infant Care Program: See Emergency
feeding (breast fed), radioiodine (I^{131}) transmitted to, [Nurnberger & Lipscomb] *1398
feeding, 6 hour interval, [Sackett] *823—ab
feeding, study of 1,539 undernourished infants in hospitals, Chile, 1505
gastrointestinal hemorrhage in, [Brayton & Norris] *668
green teeth in Rh-positive infant, [Hackett] 1544—ab
Hospitals for: See Hospitals, children's
immunization of, 1361
mortality due to diarrhea and enteritis, Mexico, 1139
mortality in Sicily, 1329
mortality, specific hypertensive disease of pregnancy affecting, [Wellen] 1340—ab
port wine hemangioma in, 738
premature, factor A and hemolytic disease, [Phansomboon] 621—ab
premature, in later life; intelligence and personality, [Howard] 219—ab
premature, postgraduate course on, 805
Premature, Retrolental Fibroplasia: See Lens, Crystalline
roentgen localization of descending aorta with polyvinyl catheter, in tetralogy of Fallot, before performing Potts-Smith-Gibson operation, [Zinsser & others] *1200
surgical treatment of coarctation of aorta in, [Kirklin] 1538—ab
thumb deformities in, [White] 824—ab
uncinariasis in: W. C. Davison treatment, 1361
with tuberculous mother, (reply) [Stelgman] 258
Wolff-Parkinson-White syndrome and paroxysmal tachycardia in, [Gleckler & Lay] *683
INFANTS, NEWBORN: See also Fetus
asphyxial membranes in lungs of liveborn infants, [Treglilus] 1156—ab
aspiration of amniotic fluid in, [Munch] 1642—ab
Birth Process: See Labor
Birth Rate: See Vital Statistics, birth rate
congenital heart block in, [Bernreiter & O'Connell] *792
Erythroblastosis: See Erythroblastosis, Fetal
Mortality: See Fetus, death
perforated duodenal ulcer in, [Brink] 729—ab
poliomyelitis in, [Johnson] 722—ab
teratoma of neck, [White] 249—ab
INFARCTION: See Myocardium
INFECTION: See also Staphylococcus; Streptococcus; under specific organs and regions
evolution of hospitalized dystrophic infants, Chile, 1505
factors in pediatric and adult allergy, [Chobot] *1489
focal, modified theory, 490—E
focal, relation to bacterial allergy, [Chobot] *1489
focal, removal, cures eye disease, [Knapp] 1431—ab
from anesthetizing apparatus, [Goodman] 428—C
localized, topical penicillin in, [Donati] 1051—ab

INFECTION—Continued
occupational hazards in laboratory workers, 1621
of Blood: See Bacteremia; Meningococcemia
Prevention: See Sterilization, Bacterial
treatment, antibacterial substances in human semen and prostatic fluid, [Taylor] 619—ab
treatment, combined antibiotic action, (Council article) [Jawetz & Gunnison] *693
INFECTIOUS DISEASE: See also Communicable Diseases; under names of specific diseases
cleansing procedures after contagious diseases, 257
Epidemics: See Epidemics
in Great Britain, 1420
meeting of B.M.A. discusses, London, 1238
postinfectious encephalitis, London, 1330
INFECTIOUS HEPATITIS: See Liver Inflammation
INFECTIOUS MONONUCLEOSIS: See Mononucleosis, Infectious
INFERTILITY: See Sterility
INFLAMMATION: See under names of specific diseases and organs as Arteritis; Gallbladder; Heart; Keratitis; Mastoiditis
INFLUENZA
immunization; protective inoculation, [Burnstein] 1206—ab
Meningitis: See Meningitis
of Parrots: See Psittacosis
treatment, antibacterial drugs, [Mulder] 519—ab
treatment, antibiotics and chemotherapy, [Romansky & Kelser] *1449
INFUSIONS: See Injections
INHALATION
of Dust: See Pneumonoconiosis
INHALATORS
tentative minimal requirements for acceptance, (Council report) *695
INHERITANCE: See Heredity
INJECTION: See also under names of specific substances
hypodermic, fluids given by hypodermoclysis, 942—E
hypodermic, hypodermoclysis of electrolyte-free solution; dangers, [Abbott] 1346—ab
intra-arterial: See Blood Transfusion
intra-articular, of hydrocortisone (Compound F) acetate, [Stevenson] 1154—ab
intra-articular, of hydrocortisone in arthritis, [Ensign] 1725—ab
Intradermal, of corticotropin, Paris, 711
Intraspinal: See Anesthesia, spinal
intra-thecal, of dihydrostreptomycin in bacterial meningitis, 1443
intrathecal, of penicillin, fatality after, [Coben] 1149—ab
Intravenous: See also Blood Transfusion
intravenous, apparatus for immobilizing upper extremity during, [Knox & others] *685
intravenous, flow regulator for, [Mahuron] 1035—C
intravenous, human albumin infusions and homologous serum jaundice, [Paine & Janeway] *199
Spinal: See Anesthesia, spinal
Subcutaneous: See Injections, hypodermic
INJURIES: See Accidents; Burns; Fractures; Trauma; Wounds; under specific organ or region as Blood Vessels; Eyes; Head; Medicolegal Abstracts at end of letter M
Industrial: See Industrial Accidents
War: See Korean War
INK
marking on diapers, aniline poisoning in infants, [Rodeck] 1638—ab
INOCULATION: See Immunization
INSANE ASYLUMS: See Hospitals, psychiatric
INSANITY: See Dementia Precox; Mental Disorders; Medicolegal Abstracts at end of letter M
INSECTICIDES
A.M.A. Committee on Pesticides desires reports of cases of poisoning, 421
chemical pneumonitis from exposure to cerosan, 1358
chlordane poisoning, [Heyroth] 715—C
DDT: See Chlorophenothane
spraying from airplane to prevent disease in Korea, 1137
INSECTS: See also Caterpillar; Hornets
control programs, by WHO, 1231
hosts of Pycnotes ventricosus, [Booth & Jones] *1576
INSPIRATION: See Respiration
INSTITUTE: See also Societies and Other Organizations at end of letter S
for Mental Defectives, D. C., (positions available) 1493
INSTITUTIONS: See Hospitals; Schools; Schools, Medical
INSTRUCTION: See Education, Medical; Schools; University
INSTRUMENTS: See also Apparatus; Hearing Aids; Needles
Conference on Electronic Instrumentation and Nucleonics in Medicine, 1230
Murless head extractor, experiences with in Cesarean section, [Weissman & Carrabba] *1299; (correction) 1322
umbrella-like dilator and wire guide for aortic stenosis, [Bailey & others] *1647
INSULIN
administration of, 1736
growth hormone and carbohydrate metabolism, 1602—E
Hyperinsulinism: See Pancreas
Isolation of, by Banting, first papers on, 1202—ab
locus of action of, in experimental diabetes, [Stetten] *971
shock dosage and prognosis in schizophrenia, [Freudenberg] 1257—ab
Treatment: See also Diabetes Mellitus
treatment plus cocarboxylase in diabetic coma, [Hollis] 1353—ab
zinc insulin preparations for single daily injection, [Hallas-Møller & others] *1667
INSURANCE
Health: See Insurance, sickness
Hospitalization: See Hospitals, expense insurance; Medical Service Plans
liability, A.M.A. resolution on professional liability, 1698
life, Association of Life Insurance Medical Directors of America, 598
Life Insurance Medical Research Fund: See Foundations
malpractice, A.M.A. resolution on, 1699
malpractice, policy to be cancelled by Colorado State Medical Society, 1316
Medical Society Medical Service Plan: See Medical Service Plans
reporting form, A.M.A. resolutions on, 1705
Old Age and Survivor's Benefits, [Bauer] 1679
Sickness: See also Hospitals, expense insurance; Medical Service Plans
sickness (compulsory), CIO '52 Facts on Politics, attacks A.M.A., 1120—E; *1123
sickness, impact of medical care plans on medical profession; Health Insurance Plan of Greater New York, Inc., [Master] *766; (correction of statements by Dr. Master) [Baehr] 1422—C
Sickness, National Health Service; Beveridge Plan: See National Health Service, England
Sickness (Voluntary), Advertising Campaign of A.M.A. Favoring: See American Medical Association, National Education Campaign
sickness (voluntary), (Council report) 938
sickness, voluntary health coverage, report by A.M.A. Council, 698
sickness (voluntary) for individual policies up to age 75, [Bauer] 1679
social, medical fee in, (report) 38
Workmen's Compensation: See Workmen's Compensation
INTELLIGENCE: See also Mental Defectives; Thinking
of premature infants in later life, [Howard] 249—ab
INTER-AMERICAN
Center of Biostatistics, 709
Congress of Cardiology (4th), Argentina, 1031
Gastroenterological Association Congress, Mexico, 51
INTERCOURSE, Sexual: See Coitus
INTERN: See Interns and Internships
INTERNAL MEDICINE
Association of: See American Board
INTERNAL SECRETION, Glands of: See Endocrine Glands; Endocrinology
INTERNATIONAL: See also United Nations; World Congress; World Medical Associations; Societies at end of letter S
Academy of Proctology Award: See Prizes
College of Surgeons, Austrian Chapter meets, May 26-28, 235
Conference on Medical Education: See World Conference
Congress of Military Medicine and Pharmacy, 1322; 1699
Congress on Medical Librarianship (first) in London in 1953, 1698
Health Organization: See World Health Organization
Hospital Congress, 1711
Labour Conference, A.M.A. President's page, 799
Labour Organization, A.M.A. resolutions on attempt to socialize medicine, 892; 1684; 1701
Labour Organization and the World Medical Association, [Bauer] 1680
meeting of neurologists July 7-10, Paris, 1240
meetings, lists of, 945
Meetings of Medical Sciences, Council of Coordination of, Switzerland, 51
Office of Documentation of Military Medicine, Belgium, 604
Syndical Reunion of Gynecologists and Obstetricians, Paris, May 22-23, 1953, 1023
Study Conference on Child Welfare, 1231
treaties and covenants, A.M.A. resolutions on, 898; 1701
INTERNS AND INTERNSHIPS: See also Preceptorships; Residents and Residencies
Advisory Committee on Internships, (Council report) *278; 929; 1692
A.M.A. resolution on apparent inequalities and injustices, 1702
approved, essentials of, 1692
approved, in U. S., *275; 418—E
approved, list of, by A.M.A. Council on Medical Education and Hospitals, *282; (corrections) 610; 1245
INTERNS AND INTERNSHIPS—Continued
approved, list by type of service ("rotating," "mixed," and "straight") (Council report) *295
available at USPHS, 1137; (correction) 1498
by Medical school affiliation and bed capacity, number of, 1951-1952, (Council report) *276; *277
by type of service, (Council report) *276
Matching Plan for, sponsored by National Interassociation Committee on Internships, (Council report) *279; *429
National Interassociation Committee on, *279; *429; (Council report) 929
number, September 27, 1952, page 275
number by type of hospital control, 1951-1952, *276
number in approved hospitals, (Council report) *275; 418—E
problem, positive approach to, 419—E
required, by medical schools, *115; *120
state boards requiring one year, (report) *120
stipends, (Council report) *277; *278
INTERRENALIN
treatment of Addison's disease, [Rogoff] 1333—C
INTERSEXUALITY: See Hermaphroditism
INTERVERTEBRAL DISK: See Spine
INTESTINES: See also Appendix; Colon; Duodenum; Feces; Gastrointestinal Tract; Ileum; Jejunum; Peritoneum; Rectum
antisepsis, [Poth] 245—ab
bacteria, vitamin deficiencies after using antibiotics, 827
Disease: See also Appendicitis; Colitis; Diarrhea; Dysentery; Gastroenteritis; Typhoid
functional disorders of small intestine, [Gill] 1544—ab
Hernia: See Hernia
infections, antibiotics and chemotherapy in, [Hughes] *1456
Inflammation, infantile enteritis, Mexico, 1138
Inflammation, pseudomembranous enterocolitis, [Kleckner] 823—ab
Inflammation, regional enteritis, 1445
obstruction, surgery in aged, London, 1715
Parasites: See Ascariasis; Teniasis
perforation during ACTH treatment of ulcerative colitis, [Tulin & others] *559
Surgery: See also Appendectomy
surgery, preoperative preparation with antibiotics and chemotherapy, [Hughes] *1458
tuberculosis, p-aminosalicylic acid treatment, [Wolfson] 719—ab
tuberculosis, antibiotics and chemotherapy in, [Hughes] *1456
tumors, lymphosarcoma of small intestine, [Faulkner] 1046—ab
tumors, lymphosarcoma, surgical excision, plus x-rays and nitrogen mustard, [Lockwood] *435
INTOXICATION: See Alcoholism; "Drunkenness" under Medicolegal Abstracts at end of letter M
INTRA-ARTERIAL
Transfusion: See Blood Transfusion
INTRACAINE
subscapular injection in scapulocostal syndrome, [Russek] *25
INTRATHECAL Injections: See Injections
INTRAVENOUS
Injections: See Injections
INTUBATION: See Endotracheal Tube
INVALIDS: See Disease, chronic; Patients
INVENTION: See Patents
INVERT SUGAR: See Sugar
INVESTIGATORS: See Research
IODIDES
treatment of chest diseases, [Peabody] *1473
use of; degree of sensitivity; best way to give, 737
IODINE
deficiency in human thyroid, [Perinetti] 522—ab
in Blood: See Blood
radioactive, 5 year experience in treating hyperthyroidism, [Clark & others] *1269; (correction) 1609
radioactive, in thyroid cancer, [Beierwaltes] 1312—ab
toxicity: iodism, [Irwin] 1147—ab
toxicity: polyarteritis nodosa, [Dalgleish] 1436—ab
radioactive, transmitted to infants via human milk, [Nurnberger & Lipscomb] *1330
radioactive, treatment of heart disease, [Blumgart] 1343—ab
radioactive, use in thyrotoxicosis, 629
IODOPANOIC Acid: See Acid
ION TRANSFER
Amino-Stern electrophoresis apparatus to study blood protein changes in burns, [Prendergast] 613
histamine, treatment of multiple sclerosis using, 737
IONS: See also Cations
exchange, and myocardium contraction, Society of Cardiology discusses, Italy, 1506
sodium chloride in water softeners, 167
IONTOPHORESIS: Ionization: See Ion Transfer
IOWA
studies on Red Cross gamma globulin to prevent poliomyelitis, [Hammon & others] *750; 796—E

IPRONIAZID (marsilid)
resistance in pulmonary tuberculosis, [Nash] 813—C
toxicity, American Trudeau Society want data on, 1130
treatment of pulmonary tuberculosis, [Selikoff & others] *973
treatment of tuberculosis, [Carr] *1171
IRAN: See also Persian Gulf
American physicians needed in, 1024
IRGAPYRIN: See Phenylbutazone
IRISH
Medical Association and B.M.A. combined meeting, London, 606; (Scientific Exhibit at) 1419
IRON
ferric ammonium citrate to prevent perianal irritation from aureomycin, Miltzer method, 627
functions of ferritin, 36—E; (correction) 1025
IRRADIATION: See Radiation; Radium; Roentgen Rays; Ultraviolet Rays
IRRIGATION: See Bladder; Colostomy; Kidneys, artificial
IRRITABILITY
post-traumatic, 167
ISLANDS of Langerhans: See Pancreas
ISONIAZID (isonicotinic acid hydrazid; nydrazid; niadrin; rimifon)
British experience with, London, 1138
experiments with, Japan, 50
intracellular tubercle bacilli and, [Mackaness] 1534—ab
reactions after use, [Hofstra & others] 589—C
resistance in pulmonary tuberculosis, [Nash] 813—C
toxicity, American Trudeau Society wants data on, 1130
treatment of local tuberculous lesions, [Sanguigno] 832—ab
treatment of pulmonary tuberculosis, (Denmark) 49; [Selikoff & others] *973; [Acrosqide] 1546—ab
treatment of renal tuberculosis, [Couvelaire] 831—ab
treatment of renal tuberculosis, caution necessary, [Lattimer] *981
treatment of skin tuberculosis, [Grütz] 1052—ab
treatment of tuberculosis, [Tuczek] 1052—ab; [Carr] *1171; [Tanner] 1158—ab; 1616; [Maroncelli] 1730—ab
treatment of tuberculosis in Fitzsimons Army Hospital, [Tempel] *1165
treatment of tuberculous meningitis, [Ragazzini] 1258—ab
treatment plus streptomycin in miliary tuberculosis, 629
ISONICOTINIC ACID HYDRAZIDES: See Iproniazid; Isoniazid
ISOPROPYLARTERENOL
vs. visammin as bronchodilator, [Snider & others] *1400
ISOTOPES: See Radioactive Isotopes
ISRAEL
foreign letter from, 710; 949; 1328
medical services, progress in, 1328
Microbiological Society meeting, 710
ITALIAN
convention on cortisone, (first) 50
Society of Cardiology, (14th convention) 1506
Society of Endocrinology meeting in Pisa, 505
Society of Rheumatology, (6th convention), 1616
ITCH
Grain Itch: See Acarodermatitis

J

J.A.M.A.: See American Medical Association Journal
JACKSONIAN Attacks: See Epilepsy
JAIL: See Prisoners
JAPAN
medicine in, A.M.A. President's page, 1315
socialized medicine in; World Medical Association report from Japan Medical Association, 38
JAPANESE B Encephalitis: See Encephalitis
JAUNDICE
Epidemic (Homologous Serum): See Liver Inflammation
etiology: methyltestosterone therapy, [Wood] *1484
of biliary tract origin, [Cole] *632
regurgitation, cholangiolitic biliary cirrhosis, 1313—E
septic: complication of peritonitis following gastro-intestinal surgery, [Irwin] 1019—ab
treatment, surgical vs. medical, differentiating type requiring, [Popper & Schaffner] *1371
types of, (chart) [Popper & Schaffner] *1369
Weil's disease transmitted by ticks, [Schlossberger] 1354—ab
JAWS: See Teeth
JEJUNOSTOMY
fat emulsion with protein concentrate given by, [Goldberg & others] *1665
JEJUNUM
functional syndromes after gastric resection, Italy, 1238
JEWS: See also Hebrew University; Israel
World Congress of Jewish Physicians, Israel, 1328
JITTER LEGS: restless leg syndrome, 1446
JOBS: See Industrial Health; Physicians, positions open
JOHNS HOPKINS UNIVERSITY
residency in surgery and William Stewart Halsted, [Blalock] *1082
JOHNSON & JOHNSON
sterility of market cotton, (reply) [Henderson & Gaughran] 508—C
JOINT
Commission on Accreditation of Hospitals, (Council report) 929; 1225
Committee of A.M.A.: See American Medical Association
Committee on Health Problems in Education of N.E.A. and A.M.A., 921; 1687
Committee on Medical Education in time of National Emergency, *101
Committee on Study of Surgical Materials, 888
Conference with State Committees on Industrial Health, (Council report), 908
Meeting of Orthopaedic Associations of English-Speaking World, first, London, 1239
JOINTS: See also Arthritis; under names of specific joints as Shoulder; Wrist
Charcot's (nonluetic): See Charcot's Joints
Degenerative Disease: See Osteoarthritis
diseases, thyroid implantation in, [Mandl] 1449—ab
Injection into: See Injections, intra-articular
pain, procaine hydrochloride and procaine amide hydrochloride in, [Traut] *785
surgical approaches to (film review), 1338
Tuberculosis: See Arthritis, tuberculous
JOSIAH Macy Jr. Foundation: See Foundations, Macy
JOURNALS: See also Library; Press relations
Archives published by A.M.A.: See American Medical Association journals (special)
Coronet, fee splitting; Doctors menace to health, [McVeach] 1035—C
Hygeia (Today's Health): See American Medical Association, Today's Health
Journal of American Geriatric Society, 1229
Journal of the A. M. A.: See American Medical Association
Journal of Histochemistry and Cytological Chemistry, new bimonthly, 1608
Journal of Student American Medical Association, (report) 941
medical, requested, for Korea, [Ginn] 52—C; (picture of presentation) 1614
periodicals for foreign physicians, [Castle] 814—C
relations to A.M.A., 900
Scientia International, 1496
Today's Health: See American Medical Association
JUDICIAL COUNCIL: See American Medical Association
JUGULAR Vein: See Veins
JURISPRUDENCE, MEDICAL: See Medical Jurisprudence

K

KANSAS
medical care for indigent in Shawnee County (Topeka) (Council report) 239
University of: See University
KAPPA KAPPA GAMMA Award: See Prizes
KARTAGENER'S SYNDROME
[Kerani] 1255—ab
KATZ (Meyer) Family Foundation: See Foundations
KAUVAR, Rabbi C. H., invocation by, at Denver Clinical Session, 1676
KELOIDS
benign dermal neoplasms, [Montgomery] *1182
recurrent, 1736
problem of, Italy, 1507
KENDALL'S Compound F: See Hydrocortisone
KENNY Packs: See Poliomyelitis, treatment
KEOGH-Reed Bill: See Reed-Keogh Bill
KEPLER-Robinson-Power Water Test: See Robinson
KERATITIS
secondary to tear gas exposure, 1069
KERATODERMA: See Keratosis
KERATOSIS
etiology: sunlight; prevent with *p*-aminobenzoic acid, [Bell] 1432—ab
hypothyroidism, liver damage, and vitamin A deficiency in, [Shaw] 1425—ab
Nigricans: See Acanthosis nigricans
treatment, nicotinamide ointment in hyperkeratoses, [Dainow] 1052—ab
KEROSENE
airplane spraying to prevent disease in Korea, 1137
KETOSIS: See Acidosis
17-KETOSTEROIDS
in Urine: See Urine
KHELLIN (visammin; Eskel)
as bronchodilator, [Snider & others] *1400
treatment of angina pectoris, [Nalefski] 720—ab
KIDDE Tubal Insufflator, Office Model No. 605700, 488
KIDNEYS: See also Urinary System
amino-aciduria, [Harper] 1531—ab
artificial, 1172—ab
KIDNEYS—Continued
artificial, to maintain dogs after bilateral nephrectomy to induce hypertension, [Orbison] 1532—ab
calcification (parenchymal), concurring with duodenal ulcer, [Becker] 1533—ab
calculi, hyaluronidase role in, [Butt] 158—ab; [Butt & others] *1096
calculi, hyperparathyroidism and, [Miller] 829—ab
calculi (recurrent) containing calcium oxalate, 1361
calculi, sound waves and kidney stones, 527
cancer, [Burkitt] 1155—ab
cysts, multiple epidermoid cysts of spleen with polycystic kidney, [Hector] 1053—ab
diagnosis and abdominal aortography [Palmlöv] 1254—ab
disease, control diabetes to prevent, [Kelding & others] *964
disease, corticotropin and cortisone in, [McCall] 1541—ab
disease, corticotropin and cortisone for nephrotic syndrome in children, [Riley] *1288
disease in hemorrhagic fever, [Katz & others] *1365
disease, nephron nephrosis with acute progressive renal failure, [Muirhead] 1253—ab
disease (unilateral), hypertension in children with, [Seelemann] 623—ab
extract therapy in chronic nephritis, Italian Society discusses, 505
extracts, neutralize effects of nephrectomy with, [Jiménez Díaz] 432—ab
function and chronic fluorosis, [Bond] 620—ab
function and hexamethonium bromide, [McQueen] 1156—ab
functions in chronic secondary anemias, [Ferrari] 1453—ab
Glomeruli: See Nephritis, glomerular
in old age, [Binet] 1731—ab
inflammation: See Nephritis
insufficiency, acute progressive failure, [Muirhead] 1253—ab
mycosis, resectable lesions and acutely fatal mycoses, [Baker] *1579
necrosis, hemorrhagic papillary, [Tamaki & Whitman] *1304
necrosis (tubular), late prognosis in, [Lowe] 621—ab
Pelvis: See Pyelography
percutaneous transfemoral renal arteriography, [Brooks] 1045—ab
Society for Renal Pathology, Paris, 152
surgery, end results of nephrectomy for hypertension, [Braasch] 1250—ab
surgery, experimental hypertension in dogs after bilateral total nephrectomy, [Orbison] 1532—ab
surgery, nephrectomy, renal extracts neutralize effect of [Jiménez Díaz] 432—ab
tuberculosis, caution necessary in using isoniazid, [Lattimer] *981
tuberculosis, isonicotinic acid hydrazide in, [Couvelaire] 831—ab
tumors, Wilms', with adrenogenital syndrome in boy, [Riedel] 1043—ab
"KILLED in Action": See Korean War, Heroes
KLEBSIELLA
pneumonia, antibiotics and chemotherapy for, [Romansky & Kelser] *1148
KLIPPEL-FEIL SYNDROME
mediastinal bronchogenic cyst and, [Bracher & Koontz] *1006
KNOTT HEMO-IRRADIATION: See Ultraviolet Rays
KNUCKLE PADS
benign dermal neoplasms, [Montgomery] *1183
KOLLIDON: See Polyvinylpyrrolidone
KOREA
airplane spraying with DDT and kerosene to prevent disease in, 1137
help and books needed for medical school in Seoul, [Ginn] 52—C; (picture showing presentation of books) 1614
Society news, 603
38th Parallel Medical Society, 1418
KOREAN WAR, 1950—
A.M.A. statement on Doctor-Draft Law, 1688; 1839
acute phase of Japanese B encephalitis in American troops [Lincoln & Silverston] *208
comparison of polyethylene and tantalum for cranioplasty, [Lochhardt] 247—ab
current problems in military psychiatry, [Glass] *6
foreign body granulomas and traumatic neuroma, [Raftery] 619—ab
frostbite in Korea, 603
hospital ships care for 33,000 patients, 48
medical education and national defense, (Council report) *101; 926
surgical hospital treats fifty thousandth battle casualty, 603
wound ballistics and body armor, [Holmes] *73
KOREAN WAR, HEROES
MacAndrew (R. N.), Silver Star, 1327
McCord (Z. H.), killed in military service, 47
Shropshire, (J. E. Jr.), killed in action; portrait, 1417

L

L. E. CELLS: See Lupus Erythematosus
LABOR: See also Abortion; Cesarean Section; Hospitals, maternity; Infants, Newborn; Maternity; Obstetrics; Pregnancy; Puerperium; "Childbirth" under Medicolegal Abstracts at end of letter M
amniotic emboli cause sudden death? [Tunis] 1145—ab
amniotic embolism and maternal death, [Sluder] 1146—ab
Anesthesia in: See Anesthesia
annular detachment of cervix, [Jeffcoate] 956—ab
Complications: See Eclampsia
Death during or after: See Maternity mortality
deplorable practice: preventing patient's delivering at her appointed time, 166
forceps blades, medicinal soft soap as lubricant on, 1736
loss of hair after delivery, 434
postpartum cervix, [Moore & Hill] *1187
Postpartum Complications: See Puerperium
Premature: See Infants, premature
repair obstetric soft tissue damage immediately, [Douglass] *1061
strangulation of fetus during, 1736
version and extraction in, [Keettel] 515—ab
LABOR (industrial): See Industrial Accidents; Industrial Diseases; Industrial Health; etc.
LABOR ORGANIZATION CONFERENCE
A.M.A. resolution on their attempt to socialize medicine, 892
LABOR UNIONS: See Industrial Trade Unions
LABORATORIES: See also under specific names as Smith, Kline and French
climatic, Medical Research Council report, London, 1330
diagnosis of liver disease, [Popper & Schaffner] *1367
for cancer research at Louisville General Hospital, Ky., 1494
forensic, state legislation, (Bureau report) 917
radioisotope, for treating blood dyscrasia, N. Y., 1709
radioisotope, for treating thyroid conditions, N. Y., 1495
refresher courses, 1137
requirement for certification by American Board of Pathology, *102
U. S. Dept. of Agriculture notice to, studying animal diseases, 1327
University of Chicago dedicates 2 laboratories, 1494
LACTATION: See Milk, human
LACTOBACILLUS casei factor (synthetic): See Acid, folic
LAREY Clinic Lectures: See Lectures
LAKE COUNTY, INDIANA
medical care for indigent in, (Council report) 952
LAME: See Crippled
LAND: See Soil
LANGERHANS, Islands of: See Pancreas
LANGUAGE: See Terminology
LARAMIE COUNTY, WYOMING
medical care for indigent in, (Council report) 1334
LARYNGECTOMY
for larynx cancer, [McCall] 516—ab
LARYNGOLOGY: See Otorhinolaryngology
LARYNGOTRACHEOBRONCHITIS
acute, treatment, (replies) [Brahdy; Magrish] 258
LARYNX: See also Otolaryngology
blastomycosis, resectable lesions, [Baker] *1579
cancer (intracephelial), [Altmann] 1425—ab
cancer, laryngectomy for, [McCall] 516—ab
complications after endotracheal intubation, in narcotic poisoning [Dam] 1641—ab
Surgery: See Laryngectomy
swabs, cultures from in tuberculosis, [Smedsrud] 834—ab
tumors, Austria, 235
LASDON Foundation: See Foundations
LASEGUE straight leg raising test, 737
LASHES: See Eyelashes
LATIN AMERICAN: See Inter-American
LAUNDRY Ink: See Ink
LAURENCE-MOON-BIEDL SYNDROME
diencephaloretinal degeneration, [Best] 1730—ab
Gobbi reported case of, Italy, 1238
LAW in relation to Physician: See Medical Jurisprudence
LAWS AND LEGISLATION: See also Medical Practice Act
A.M.A. Bureau of Legal Medicine and Legislation: See American Medical Association
Corneal Grafting Act passed, London, 1330
Doctor Draft Law: See Medical Preparedness; Medicolegal Abstracts at end of letter M
Federal Caustic Law, [Jackson] 238—C
federal, conference on, 913
federal election laws, A.M.A. statement on, 493
federal, fee splitting and income tax law (Bureau statement) 511
federal, for 1953, President Bauer's Page outlines, 1675
LAWS AND LEGISLATION—Continued
federal, summary, 594; 898
GI Bill: See GI Bill
Reed-Keogh Bill: See Reed
state disability compensation programs, [Farrell] *634
state legislation, (Bureau report) 917
Violation of: See Malpractice; Medical Jurisprudence; Medicolegal Abstracts at end of letter M
Workmen's Compensation: See Workmen's Compensation
LAWSUITS: See Medical Jurisprudence
LEAD
free paint for painting baby bed, 1446
poisoning, intravenous sodium thiosulfate in, [Shiels] 1259—ab
porphyrinuria, effect of vitamin B_{12} on, [Frank] 1433—ab
LEAGUE of Nations: See United Nations
LeBEL, LOUIS J. B., memorial to, (Council report) 932
LECTURES: See also under Book Reviews at end of letter B
Alpha Omega Alpha, on mitral stenosis, 1029
Banting Memorial, 1202—ab
Belfield memorial, 944
Bevan, 422
Blatt Memorial Fund, 224
Dickinson (first), 1125
Gehrmann, 1317
Greenfield (James), 1022
Gross (Louis) Memorial, 230
Hanna (H. Melville), 225
Harvard, 800
Harvey (1st) 596; (2nd) 1127; (3rd) 1495
Hawswirth (Louis), 1127
Herzstein Medical, 1493
Hutchings Memorial, 497
Lahey Clinic, 1227
Lower, 1022
Mellon, 945
Minot, [Sturgis] *1551
Nathanson (Morris H.) Memorial, 800
Park (George T.) Lectureship established, 802
Phemister (Dallas B.) Memorial (first), 10; 422
Politzer (Sigmund), 1495
Pratt (Joseph) (1st), 1318
Reiss (Herman L.) Memorial, 802
Renzienhausen Memorial, 1319
Rigler (Leo G.), 699
Salmon, 497
Schoenberg, 1228
Schwitalla, 945
Strauss (Alfred A.), 498
Suiter (A. Walter), 944
Trent (Josiah C.) Memorial, 1127
LEE-WHITE COAGULATION TIME
clotting tests in normal and diseased persons, [Lee & others] *83
LEGAL MEDICINE: See Laws and Legislation; Medical Jurisprudence; Medicolegal Abstracts at end of letter M
A.M.A. Bureau of: See American Medical Association
LEGISLATION: See Laws and Legislation
LEGS: See also Extremities; Femur; Foot; Hip Amputation; See Amputation
Artificial: See Limbs, Artificial
Cramps: See Cramps
edema and lymphedema, [Lowenberg] 828
footrest device for exercising in bed, [Smigel & Gibson] *587
Fractures: See under names of specific bones
Jitter: restless leg syndrome, 1446
mycetoma or maduromycosis, amputation for, [Baker] *1579
surgery, combined sciatic and femoral nerve block, [Moore] *550
Ulcers: See Ulcers
LENS, CRYSTALLINE
Opacity: See Cataract
retrolental fibroplasia, [Locke] 818—ab; [Jeffreson] 1342—ab
retrolental fibroplasia, an unsolved problem, 221—E
retrolental fibroplasia, corticotropin in, [Reese] 154—ab; [Brown] 727—ab
retrolental fibroplasia, oxygen therapy, [Patz] 1627—ab
retrolental fibroplasia, prevention, [Crosse] 818—ab
retrolental fibroplasia, vitamin E, corticotropin and cortisone for, [LaMotte] 155—ab
LENSES: See Glasses
LEPROSY
center proposed for India, 1131
diagnosis; chemotherapy, [Zeluff & Hayes] *582
diagnosis, fluorescence microscopy in, [Gobar] 1237—ab
diagnosis, how to obtain and stain the smears, [Ogden] 814—C
epidemic at Nauru, [Wade] 246—ab
immuno-allergic relations to tuberculosis, [Fernández] 1018—ab
survey, Calif., 1226
treatment, amithiozone (TB 1), [Schujman] 246—ab
treatment of tuberculosis in patients with, [Lima] 1054—ab
LEPTOSPIRA
ictero-hemorrhagiae, transmission by ticks, [Schlossberger] 1354—ab
strains, electron microscopy of, [Breese] 1044—ab
LEPTOSPIROSIS: See also Jaundice, Weil's disease
diagnosis with agglutination or complement fixation test; treatment, 1406—E
due to Leptospira grippotyphosa, 1st case in U. S., [Spain & Howard] *1010
human, due to Leptospira pomona, [Spink] 724—ab
swineherd's disease, Ill., 1226
symposium on, by U. S. Army, 1327
LESAGE, A., death at 90, Paris, 1421
LEUKEMIA
acute "blastic" in girl aged 15, 1266
chronic: filtrated, regularly spaced total body radioactive phosphorus or roentgen irradiation, [Osgood & Seaman] *1372
clotting tests in, [Friedman & others] *83
in physicians, [Peller] 1426—ab
infections in, antibiotics for, [Sturgis] *1553
lymphatic, genuine hypersplenomegalic, [Pusatèri] 1439—ab
lymphatic, in identical twins, [Stobbe] 1732—ab
problem of: etiology; treatment (Minot Lecture [Sturgis) *1551
treatment, corticotropin, cortisone, and antifolic acid drugs, [Stickney & Mills] *1278
treatment, triethylene melamine, [Rundle] 57—ab
LEUKOCYTES: See also Eosinophils
changes in clinical disorders, [Lawrence & others] *454
Count: See also Agranulocytosis; Leukemia; Mononucleosis, Infectious
count, eosinophilic leukocytosis, with asthmatic bronchitis and lung infiltration, [Ensign] *1205
count in allergic diseases, Brazil, 426
count, leukopenia with spleen tuberculosis, [Ravina] 1053—ab
count, ulcers of leg in Felty's syndrome, [Schoch] 1625—ab
LEUKOCYTOSIS: See Leukocytes count
LEUKODERMA: See Albinism; Vitiligo
LEUKOPENIA: See Leukocytes, count
LEUKORRHEA
vaginal discharge in young girl (aged 8), 958
LEUKOTOMY: See Brain surgery
LIABILITY Insurance: See Insurance
LIBIDO: See also Frigidity
effect of d-amphetamine sulfate on (replies) [McLeod; Kalb] 66
LIBRARY: See also Books; Journals
Armed Forces Medical Library, (Shaw's photographic method in requisition procedures) 948; (Friends of Armed Forces Medical Library organized) 1503
International Congress on Medical Librarianship (first) London, July 29, 1953, 1686
Medical Library Ass'n. (Midwest Regional Group, at Indianapolis, Oct. 17-18) 597; (Philadelphia Regional Group) 1022
Oliphant, Ind., 1317
Texas Medical Association, 1128
Wilkins Memorial Library of Anesthesia, 1229
LICE
Infestation: See Pediculosis
LICENSURE: See also Medical Practice Acts; State Board
A.M.A. Annual Congress on, (Council report) 930
of clinical psychologists, 891; (recommendations of A.M.A. Committee on Mental Health) 1686; 1687
LIDOCAINE HYDROCHLORIDE (Xylocaine)
for nerve blocking in intractable pain, [Bonica] *1364
LIDS: See Eyelids
LIFE: See also Death
Duration: See Old Age
Insurance: See Insurance
Insurance Medical Research Fund: See Foundations
span of eosinophilic granulocytes, [Esseltier] 432—ab
span of transfused erythrocytes in malignant disease of erythropoietic system, [Böttner] 1050—ab
LIGATURE: See Sutures
LIGHT: See also Sunlight
narrow beam of, as visual aid in teaching radiation therapy, [Cohen & Rosh] *1306
LIGHTING
illumination and vision relating to occupation, (Council report) 909
LIMBS: See Extremities
Phantom: See Amputation
LIMBS, ARTIFICIAL
dermatitis of leg stump from, [Schamberg] *1633
Suction Socket Artificial Limb (film review), 511
LIME: See Calcium
LINCOLN bacteriophage, studies with, [Saslaw & others] 52—C
LINEA ALBA
treatment unsatisfactory, 1266
LIP: See Lips

V 19

LIPID
. Pneumonia: See Pneumonia
LIPODYSTROPHY
of childhood type: no treatment known; ACTH use not reported, 836
LIPOGRANULOMA
sclerosing: improvement with cortisone in one case, [Galbraith & Young] *1295
LIPOID Pneumonia: See Pneumonia, lipid
LIPOMA
retromammary, in young girl 13 years old, Turkey, 1716
LIPOMUL
administration of fat emulsion, [Goldberg & others] *1665
LIPOPROTEINS
relation to atherosclerosis, Gofman test for coronary disease: 1646
LIPOTROPIC FACTORS
treatment of anemia in Morgagni-Laënnec cirrhosis, [Falzoy] 1543—ab
LIPS
cheilitis glandularis, 1164
cleft, and parental age, [McEvitt] 1635—ab
drying of, in chronic illness, prevention, 1443
LIQUOR, Alcoholic: See Alcohol
LITERATURE: See Books; Journals; Terminology
LITHIASIS: See Calculi (cross reference)
LITTLE'S Disease: See Paralysis, cerebral
LIVER: See also Bile Ducts; Biliary Tract
amebic abscess, medical vs. surgical treatment, [Grizzard] 1546—ab
biopsy, technic, (reply) [Turkel] 738
cancer, metastases to lung, mechlorethamine hydrochloride intravenously for, 736
cancer (primary), [Thompson] 431—ab
carbon tetrachloride injury of, effect of dietary protein, [Bardawill] 519—ab
cell degeneration, basic pathological processes, [Popper & Schaffner] *1367
cirrhosis (biliary), [Moschcowitz] 1717—ab
cirrhosis (cholangiolitic biliary), 1313—E
cirrhosis (congenital achalangic biliary), [MacMahon] 1620—ab
cirrhosis formation, [Popper & Schaffner] *1369; *1370
cirrhosis (Morgagni-Laënnec), anemia of, [Falzoy] 1543—ab
cirrhosis (portal advanced), arterial ligations in, [Berman] 1115—ab
cirrhosis (portal), surgical treatment of hematemesis due to esophageal varices, [Knepper] 826—ab
cirrhosis (postnecrotic), [Stine] 818—ab
damage, factor in hyperkeratosis, [Shaw] 1425—ab
Disease: See also Jaundice
disease (chronic), effect of ACTH, cortisone and progesterone in, [Havens] 1251—ab
disease coexists with menstrual disorders, London, 1239
disease, laboratory diagnosis, [Popper & Schaffner] *1367
disease (parenchymal), differentiated from mechanical biliary obstruction, [Mellinkoff] 59—ab
disease (severe) in leptospirosis due to Leptospira grippotyphosa, 1st case in U. S., [Spain & Howard] *1010
dysfunction in chronic alcoholics, [Rouleau] 1639—ab
dysfunction in infectious mononucleosis, [Hsia] 1144—ab
Extract: See Liver preparations
fatty metamorphosis, [Popper & Schaffner] *1368
function in chronic secondary anemias, [Ferrari] 1433—ab
function tests, [Popper & Schaffner] 1368
function tests, fatalities after "stilbamidine" therapy, [Cohen] 1332—C
function tests, new colloids for flocculation tests, Chile, 1596
hernia through diaphragmatic defects, [Ravitch] 613—ab
hypertrophy, hepatosplenomegaly and maternal rubella, [Watson] 251—ab
in obesity, [Zeiman] 1246—ab
induced hypotension effect on, [Bromage] 1258—ab
Inflammation: See Liver Inflammation following
necrosis, postnecrotic cirrhosis, [Stine] 818—ab
preparations, effect on growth of children, [Yudkin] 1059—ab
preparations, extract therapy in pernicious anemia in patient sensitive to vitamin B_{12}, 1058
preparations, treatment of osteoarthritis with extract from pregnant mammalian liver, 1463
preparations vs. vitamin B_{12} in pernicious anemia, [Blackburn] 1435—ab
surgery, resection in primary malignant hepatoma, [Nyström] 1638—ab
tumors, adrenocortical tumor, in boy, [Wilkins] 1043—ab
tumors, primary malignant hepatoma, resection for, [Nyström] 1638—ab
LIVER INFLAMMATION (infectious hepatitis; epidemic jaundice)
LIVER INFLAMMATION—Continued
diagnosis (laboratory) of various types [Popper & Schaffner] *1370
etiology: ultraviolet irradiated plasma, [Thompson] 1636—ab
frequency of hepatitis in physicians, Denmark, 693
human albumin infusions and homologous serum jaundice, [Paine & Janeway] *199
infectious hepatitis complicating pregnancy; effect on fetus, (reply) [Kellogg] 630
outbreaks infectious hepatitis, S.C., 1607
posthepatitis syndrome, [Ducci] 1260—ab
pyloric stenosis secondary to hydrochloric acid ingestion, [Baker & Spellberg] *142
treatment, cortisone, ACTH and antibiotics in fulminant hepatitis, [Ducci] 1147—ab
treatment, effects of human blood serum in viral jaundice hepatitis, Italy, 1032
treatment with vitamin B_{12}, [Campbell] 1626—ab
viral hepatitis transmitted by tattooing, [Hobson] 519—ab
LIVING: See Life
Conditions: See Housing
LOA LOA: See Filariasis
LOCOMOTOR ATAXIA: See Tabes Dorsalis
LOEFFLER'S SYNDROME
[Reeder] 616—ab
eosinophilic pneumonopathy syndrome contrasted with, [Ensign] *1205
LONGEVITY: See Old Age; Physicians, Statistics
LOOMIS, JOHN L., A.M.A. resolution on retired membership for, 1700
LOS ANGELES Clinical Session: See American Medical Association
LOW BLOOD PRESSURE: See Blood Pressure, low
LOWER Lecture: See Lectures
LUMBAR Puncture: See Spinal Puncture
LUMINAL: See Phenobarbital
LUNGS: See also Bronchus; Pleura; Respiratory System
abscess, management, [Byron] 137—ab
abscess, surgery in, [Peabody] *1473
abscess, terramycin and penicillin for, Italy, 1033
acariasis in Belgian Congo, 236
artificial, heart machine, [Helmsworth & others] *451
asphyxial membrane in, in liveborn infants, [Tregillus] 1156—ab
Aspiration of Oil into: See Pneumonia, lipid
Blood Supply: See Arteries, pulmonary; Veins, pulmonary
calcified nodules and bronchogenic carcinoma, [Woodruff] 1534—ab
cancer (bronchogenic) and calcified nodules in lungs, [Woodruff] 1534—ab
cancer (bronchogenic), radiation therapy, [Adelman] 1727—ab
cancer (bronchogenic), surgery in, [Peabody] *1473
cancer, cigarette filters and, 736
cancer, early diagnosis, [Cierf & Herbut] *793
cancer, epidermoid carcinoma in situ, [Black] 820—ab
cancer, international conference on, 1129
Collapse: See also Pneumothorax; Pneumothorax, artificial
collapse, bronchoscopy for atelectasis in children, [Gans] 1154—ab
collapse, clearing of atelectasis, with mechanical cough chamber, [Barach & others] *1360
Disease: See also Pneumonoconiosis
disease (chronic), intermittent positive pressure breathing in emphysema, [Smart & others] *1389
disease, eosinophilic pneumonopathy syndrome, neoarsphenamine for, [Ensign] *1205
disease in childhood, [Finke] 430—ab
disease, industrial medical aspects, [Principl] *1173
disease, information on certification by American Board of Internal Medicine, *288
disease, Saranac symposium, 41
disease (surgical), bronchoscopy and intrabronchial therapy, [Mori] 1256—ab
disease, syndrome of pulmonary infiltration with eosinophilia, [Reeder] 616—ab
disease, untoward effects of antibiotic therapy, Italy, 695
Embolism of Pulmonary Artery: See Embolism, pulmonary
fibrosis and beryllium, 1358
fibrosis, treatment with positive pressure breathing, [Smart & others] *1389
function in congenital absence of right pulmonary artery, [Madoff] 1252—ab
Healthy Lungs (film review), 55
Hemorrhage: See also Hemoptysis
hemorrhage from simple bronchial erosion, [Vinson] *840
hiatus pneumocele complicating therapeutic pneumoperitoneum, [Friedman] *211
Hyperventilation: See Respiration
Infection: See also Influenza; Pneumonia; Tuberculosis of Lung
infection, antibiotics and chemotherapy for, [Romansky & Kelser] *1449
LUNGS—Continued
infiltration with eosinophilia (PIE syndrome), [Reeder] 616—ab
Mycoses, surgery in, [Peabody] *1474; [Baker] *1579
Mycosis, aspergillomya causing bronchiectasis, [Monod] 859—ab
Overbolt pulmonary syndrome, [Friedman] 1512—C
pathology, aortic stenosis manifested as chronic cor pulmonale, [Scheff & others] *1111
pathology, cor pulmonale, positive pressure breathing for, [Smart & others] *1389
puncture, artificial pneumothorax induced by, [Moyes] 1156—ab
roentgen diagnosis of silicosis, [Pendergrass] *1178
roentgen shadows in children; correlation with barely palpable lymph nodes, 1359
roentgen study in workers exposed to soot, [Töppner] 1256—ab
Silicosis: See Pneumonoconiosis
surgery, pneumonectomy in childhood, [Denk] 1042—ab
surgery, resection for pulmonary tuberculosis, [Stive] 825—ab
syphilis (tertiary), [Morgan] 1261—ab
tissue, chemical examination for mineral oil, [Donnelly] 155—ab
Tuberculosis: See Tuberculosis of Lung
tumors, alveolar cell, [White] 514—ab
tumors, bronchopulmonary neoplasms, [van Goidsenhoven] 620—ab
tumors, mixed, [Ehrenhaft] 821—ab
LUPUS
Vulgaris: See Tuberculosis luposa
LUPUS ERYTHEMATOSUS
cells of, malignant visceral type, [Bertrand] 1053—ab
disseminated, corticotropin in, [Sonne] 1254—ab
L.E. Cells, experimental production in normal blood, [Inderidtzin] 625—ab
leukocytes changes, [Lawrence & others] *459
plasma test, [Walsh] 249—ab
pregnancy and, 1360
treatment; progress; L.E. phenomenon? 1736
LUTEMBACHER'S SYNDROME
"paradoxical" brain abscess with, [Khni & Crain] *1298
LYE
A.M.A. Committee on Lye Legislation, report on Federal Caustic Poison Law, [Jackson] 238—C
LYMPHATIC SYSTEM: See also Mononucleosis, Infectious; Thoracic Duct
lung roentgen shadows in children; correlation with barely palpable lymph nodes, 1359
sternal lymph node chain, metastases of breast cancer to, [Mori] 1349—ab
tuberculosis of cervical nodes, [Swenson] 1635—ab
LYMPHEDEMA
gelfoam rolls to prevent, after mastectomy, [Treves] 1343—ab
of lower extremities, [Lowenberg] 828—ab
LYMPHOGRANULOMA
Benign: See Sarcoidosis
Malignant: See Hodgkin's Disease
LYMPHOGRANULOMATOSIS: See Hodgkin's Disease
LYMPHOMA
Brill-Symmers disease a reticulosis, [Schornagel] 831—ab
clotting tests in, [Friedman & others] *83
treatment, triethylene melamine in, [Rundle] 57—ab
tuberculous, of neck, tonsillectomy for, [Hasler] 1260—ab
LYMPHOSARCOMA
diagnosis, Bolen test, [Cerroni] 1054—ab
in children, ACTH and cortisone for, [Stickney & Mills] *1279
of gastrointestinal tract, surgical excision plus x-rays and nitrogen mustard, [Lockwood] *435
of small intestine, [Faulkner] 1046—ab
related to white blood cell changes, [Lawrence & others] *459
LYSOZYME
antibacterial substances in human semen and prostatic fluid, [Taylor] 619—ab

M

MACY Foundation: See Foundations
MADURA FOOT
amputate leg for, [Baker] *1579
MAGAZINES: See Journals
MAGNUSON, PAUL B.
why he accepted chairmanship of President's Commission on health needs of nation, 1509—C
MAICO F-1 Standard Audiometer, No. 1302, 1015
MAIL: See Postage Stamps
MALARIA
control in Burma, 1711
control operations by W.H.O., (in Sarawak) 145; (in India and Thailand) 1231
outbreak, Calif., 800

MALARIA—Continued
prevention and cure, prisoners to receive awards in experiments on, 603
treatment, "camoquin" and other antimalarials, [Singh] 1435—ab
treatment, pyrimethamine, London, 712
MALE: See Men; Spermatozoa
Characteristics: See Virilism
Hormone: See Androgens
Impotence: See Impotence
MALIGNANCIES: See Cancer; Sarcoma; Tumors, malignant
MALPRACTICE: See also Medicolegal Abstracts at end of letter M
Grievance Committee: See Societies, Medical
insurance, A.M.A. resolution on, 1699
insurance policy to be cancelled by Colorado State Medical Society, 1316
medical, subcommittee on cause and prevention of allegations, (Committee report) 914
MALTA FEVER: See Brucellosis
MAMMARY: See Breast
MAN: See Male (cross reference); Men
MANNITOL HEXANITRATE
N.N.R., (Premo; Bowman) 1405
MARCH OF DIMES: See Poliomyelitis
MARCHIAFAVA-Micheli Syndrome: See Hemoglobinuria, paroxysmal nocturnal
MARIE, PIERRE
centenary, International Meeting of Neurologists, Paris, 1240
centenary of birth, Paris, 1421
MARIE-Strumpell Arthritis: See Spine arthritis
MARKING Ink: See Ink
MARKLE Foundation: See Foundations
MARQUIS, FREDERICK JAMES, 1st baron Woolton: See Woolton
MARRIAGE: See also Families; Maternity; Pregnancy
Council and U. of Pennsylvania affiliate, 1411
epilepsy as obstacle to, Norway, 1140
management of sexual conflicts in general practice, [Hulse] *846
statistics, London, 1330
MARROW: See Bone Marrow
MARSILID: See Iproniazid
MARTYRS
list of; occupational hazards in laboratory workers, 1621
MASCULINIZATION: See Virilism
MASKS: See also Helmets
face shield with mirror riveted to head piece, for use in bronchoscopy of tuberculous patient, [Wetrich] *1308
infection from anesthetizing apparatus, [Goodman] 428—C
MASONIC Foundation for Medical Research: See Foundations
MASSACHUSETTS
University of: See University
Vision Test, of school children, [Witter] 618—ab
MASSAGE
Ille Hydromassage Subaqua Therapy Units, 1311
MASTECTOMY: See Breast surgery
MASTER Two-Step Test: See Heart function
MASTITIS: See Breast
MASTOIDITIS
treatment, tetracetina, [Rossi] 729—ab
MASTURBATION
in children, 1360
MATCHING PLAN
for internships, schedule sponsored by National Interassociation Committee on Internships, (Council report) *429; 279
MATERNITY: See also Families; Labor; Milk, human; Pregnancy
Age: See Pregnancy
Committee on Maternal and Child Care, (Council report) 935
Emergency Maternity and Infant Care Program: See Emergency
Hospitals: See Hospitals
mortality, death and amniotic embolism, [Sluder] 1146—ab
mortality, survey, Wis., 1129
MATRIMONY: See Marriage
MAYO CLINIC
dedication at, Minn., 142
MEALS: See Food
MEASLES
complicating pregnancy effect on fetal life, Sweden, 811
German: See Rubella
immune serum, attack rates in homologous serum jaundice, [Paine & Janeway] *200
safe to expose healthy child to, who has received gamma globulin? 629
treatment, penicillin, 528
vs. rubella, (reply) [Stimson] 66
MEAT: See also Chickens; Trichinosis
in diet, Italy, 1238
outbreaks of gastroenteritis in Arkansas and Oregon, 227
MECCA
pilgrimage to, WHO comment on health problems of, 1711
MECHANICAL COUGH CHAMBER
use in poliomyelitis, bronchial asthma, pulmonary emphysema, and bronchiectasis, [Barach & others] *1380
MECHLORETHAMINE (mustargen)
intravenously for pulmonary parenchymal metastases from breast cancer, 736
MEDALS: See Prizes
for War Service: See Korean War, Heroes
MEDIASTINUM
bronchogenic cyst and Klippel-Feil syndrome, [Bracher & Koontz] *1006
MEDICAL ASSOCIATION: See American Medical Association; Societies, Medical
MEDICAL AWARDS: See Prizes
MEDICAL BOOKS: See Books; Library; Book Reviews at end of letter B
MEDICAL CARE: See Medical Service
MEDICAL CENTER: See also Health center; Health units
Albert Einstein, course in cardiology, 597
Yeshiva University, New York, 225
MEDICAL CODE: See Ethics, Medical
MEDICAL COLLEGE: See Schools, Medical; University
MEDICAL CONFERENCE: See Conference
MEDICAL CONGRESS: See Congress
MEDICAL CULTS: See Cults
MEDICAL DIATHERMY: See Diathermy
MEDICAL ECONOMICS: See Economics, Medical
MEDICAL EDUCATION: See Education, Medical
MEDICAL EQUIPMENT: See Medical Supplies
MEDICAL ETHICS: See Ethics, Medical
MEDICAL EXAMINATION: See Physical Examination
MEDICAL EXAMINERS
state legislation, (Bureau report) 917
MEDICAL EXPENSE INSURANCE: See Hospitals, expense insurance; Medical Service Plans
MEDICAL FEES: See Fees
MEDICAL FILMS: See Moving Pictures
MEDICAL FOUNDATIONS: See Foundations
MEDICAL GRADUATES: See Graduates
MEDICAL HISTORY: See Medicine, history
MEDICAL IDENTIFICATION: See Identification
MEDICAL ILLUSTRATORS: See Art
MEDICAL INDEX: See American Medical Association, *Quarterly Cumulative Index Medicus*
MEDICAL JOURNALS: See Journals
MEDICAL JURISPRUDENCE: See also Laws and Legislation; Malpractice; Medicolegal Abstracts at end of letter M
chlordane poisoning, [Heyroth] 715—C
course in forensic medicine at Western Reserve, Ohio, 1607
course in legal medicine, A.M.A. Committee on Medicolegal Problems report, 697—E; [Regan & others] *716; 914
court decisions of medicolegal interest, (Bureau report) 916
department of forensic medicine at U. of Southern California, 496
psychiatric communications privileged, opinion filed in case of Samuel Binder vs. Nathaniel S. Ruvell, 1241
MEDICAL LECTURES: See Lectures
MEDICAL LEGISLATION: See Laws and Legislation
MEDICAL LIBRARY: See Library
MEDICAL LICENSING Board: See State Board
MEDICAL LICENSURE: See Licensure
MEDICAL MAGAZINES: See Journals
MEDICAL MEETINGS: See American Medical Association; Societies, Medical; list of Societies at end of letter S
MEDICAL MOTION PICTURES: See Moving Pictures
MEDICAL OFFICERS: See Armed Forces; Army, U. S.; Health, USPHS; Medical Preparedness; Navy, U. S.
Returning: See Veterans
MEDICAL PATENTS: See Patents
MEDICAL PERIODICALS: See Journals
MEDICAL PHOTOGRAPHY: See Photography
MEDICAL PICTURES: See Art; Moving Pictures, Medical; Photography
MEDICAL PLANS: See Medical Service Plans
MEDICAL POLICY COUNCIL: See Armed Forces
MEDICAL PRACTICE: See Medicine, practice; Physicians
MEDICAL PRACTICE ACT: See also Medicolegal Abstracts at end of letter M
state legislation, (Bureau report) 917
MEDICAL PREPAREDNESS: See also Civilian Defense
deferment, determine order of priority of special registrants, (Council report) 53
deferment, eligibility for consideration for, (Council report) *102
deferment of medical students, (A.M.A. report) 890
deferment of priority 3 physicians to serve as hospital residents, 1503
Doctor Draft Law: See also Medicolegal Abstracts at end of letter M
Doctor-Draft Law, A.M.A. resolution on, 1701
Doctor Draft Law, A.M.A. resolution on priority 3 doctors; wasteful use of medical personnel, 1701
Doctor Draft Law, A.M.A. resolution on suspension of call-up of physicians under, 1705
Doctor-Draft Law, A.M.A. statement on, 1688
Doctor-Draft Law, (Council report) 911; [Bauer] 1675; 1680
Doctor Draft Law, statement by Dr. James C. Sargent on, 1036; 1701
MEDICAL PREPAREDNESS—Continued
Doctor Draft Law, status of USPHS officers under, (Council statement) 611
medical education and national defense, Joint Committee on Medical Education in Time of National Emergency, *101; 926; 1691
medical education for national defense at U. of Illinois, 1494
National Advisory Committee to Selective Service, 1701
Office of Defense Mobilization, 708
Selective Service procurement of physicians, A.M.A. resolution on, 1700
unjustified criticism of physicians and dentists by Rear Adm. Lamont Pugh, 1312—E
MEDICAL PRIZES: See Prizes
MEDICAL PROFESSION: See Medicine, profession; Physicians; Specialists; Surgeons
MEDICAL PUBLIC RELATIONS: See Public Relations
MEDICAL RESEARCH: See Research
MEDICAL RESEARCH COUNCIL
chemotherapy of pulmonary tuberculosis, [Daniels] 621—ab; 1330
report, London, 1330
MEDICAL RESPONSIBILITY: See Malpractice
MEDICAL SCHOOLS: See Schools, Medical
MEDICAL SCIENCE: See Medicine; Research; Science
Basic: See Basic Sciences
MEDICAL SERVICE: See also Health center; Health units; Hospitals; Insurance, sickness; Medical Center; Medicolegal Abstracts at end of letter M
A.M.A. Council on Medical Service: See American Medical Association
A.M.A. Council on National Emergency Medical Service: See American Medical Association
A.M.A. resolution on definition of, 1703
A.M.A. resolution on medical care for dependents of service personnel, 1703
A.M.A. resolution on responsibility of U. S. Government in medical care of the citizen, 1704
A.M.A. Special Committee on Federal Medical Services, (report) 892; 1689
Center: See Medical Center
Emergency Maternity and Infant Care Program: See Emergency
Emergency Medical Service: See Emergency
federal, (Council report) 892; 937
Fees for: See Fees
for Armed Forces: See Army, U. S; Armed Forces; Medical Preparedness
for Indigent: See Medically Indigent
for Veterans: See Hospitals, veterans; Veterans, medical care
growing problem of chronic disease among aged, [Miller] *203
Home Care: See Home care
Industrial: See Industrial Health
Plans: See Medical Service Plans *following*
progress in, for Israel, 1328
provision of medical care regardless of ability to pay, A.M.A. Reference Committee report, 1689
regional, program, USPHS and American Public Health Association to study, 1614
Salaried: See Wages
MEDICAL SERVICE PLANS: See also Medicolegal Abstacts at end of letter M
impact on medical profession: Health Insurance Plan of Greater New York, Inc., [Master] *766; (correction of statements made by Dr. Master) [Baehr] 1422—C
prepayment, (Council report) 938
prepayment, growth of; also adapted for the older group, [Bauer] 1679
study of direct service plans for employed groups, (Council report) 937
survey of UMWA program, (Council report) 936; 1693
MEDICAL SOCIETY: See Societies, Medical; list of societies at end of letter S; Medicolegal Abstracts at end of letter M
MEDICAL SPECIALISTS: See Specialists
MEDICAL STATISTICS: See Statistics; Vital Statistics
MEDICAL STUDENTS: See Students, Medical
MEDICAL SUPPLIES: See also Adhesive Tape; Apparatus; Braces; Dressings; Drugs; Instruments; Surgical Materials
MEDICAL TECHNOLOGISTS: See Technologists
MEDICAL TERMINOLOGY: See Terminology
MEDICAL VETERANS: See Veterans, physicians
MEDICAL WOMEN: See Physicians, women; Students, Medical, women
MEDICALLY HANDICAPPED: See Crippled; Disability; Handicapped
MEDICALLY INDIGENT
medical care for, guides for evaluating (Council report) 935; 1693
medical care for, in Lake County (Gary), Indiana, (Council report) 952
medical care for, in Laramie County (Cheyenne), Wyoming, (Council report) 1334
medical care for, in Shawnee County (Topeka), Kansas, (Council report) 239
medical care for, regardless of ability to pay, (Reference Committee report) 1689
MEDICATION: See Drugs; Self-Medication

MEDICINE: See also Education, Medical; Medical Service; Physicians; Surgeons
aboriginal, London, 1716
Academy of: See Academy (cross reference)
American, outlines things to be done in 1953, President Bauer's Page, 1675
Aviation: See Aviation
Congress of: See Congress
council for coordinating international meetings under patronage of WHO and UNESCO, 51
Cults: See Cults
Faculty of: See Schools, Medical
Fellowships: See Fellowships
Forensic: See Medical Jurisprudence
Foundations aiding: See Foundations
history, Foxgloves in Medicine (film review) 1338
history lectures by College of Physicians of Philadelphia, Pa., 497
human experimentation in, Paris, 426
Industrial: See Industrial Health
Law in relation to: See Medical Jurisprudence
Lectures on: See Lectures
Legal: See Medical Jurisprudence
Military: See Korean War; Military Medicine
modern, under National Health Scheme; spying by health visitors, London, 505
Moving Pictures Concerned with: See Moving Pictures
new era of, 1094—ab
Organized: See American Medical Association; Societies, Medical
Physical: See Physical Medicine
Practice: See also Consultation; Licensure; Malpractice; Medical Service; Obstetrics; Physicians, practicing; Specialties
practice, and hospitals, (Council report) 933
Practice, Emergency Calls: See Emergency
practice, family practice program at Edinburgh expanded, 1025
practice (general), A.M.A. resolutions on, as prerequisite for specialty board certification, 1763
practice (general) and industrial medicine, (Council report), 908
practice (general) and specialty boards requirements, [Bauer] 1675; 1679
practice (general), criminal abortions in; Dahlerup's detailed list, Denmark, 1506
practice (general), management of sexual conflicts in, [Hulse] *846
practice, (general), preparation for, by medical schools, *119
practice (general), residency in at Presbyterian Hospital, Pa., 1496
practice (general) today, London, 711
practice (group), especially in obstetrics and gynecology; American Association of Medical Clinics, [Harrell] 1618—C
Practice, Opportunities for: See Physicians, positions open
Preventive: See Preventive Medicine
Prizes in: See Prizes
Profession of: See also Physicians; Specialists; Surgeons
profession of, impact of medical care plans on Health Insurance Plan of Greater New York, Inc., [Master] *766; (correct statement made by Dr. Master) [Baehr] 1422—C
Psychosomatic: See Psychosomatic Medicine
Research in: See Research
Scholarships: See Scholarships
School of: See Schools, Medical
social, as university discipline, Norway, 1421
socialized, American Legion against, [Boeher] 1682
socialization, A.M.A. resolutions on International Labour Organization attempt, 892; [Bauer] 1680; 1684; 1701
Socialized: See also Insurance, sickness (compulsory); Medicine, state
socialized, A.M.A. President Bauer replies to President Truman on, 495
socialized, in Japan; World Medical Association report from Japan Medical Association, 38
Socialized, National Health Service: See National Health Service, England
socialized, president's address before British Medical Association, London, 950
socialized, social security in Equador, 1237
Societies: See Societies, Medical
Specialization: See Specialties
symposium in Jerusalem, Israel, 710
Women in: See Nurses and Nursing; Students, Medical, women
MEDICINE AND THE WAR: See Medical Preparedness
MEDICINES: See Drugs
MEDICOLEGAL: See Medical Jurisprudence; Medicolegal Abstracts at end of letter M
MEDIUM, Transport: See Specimens
MEDULLA Spinalis: See Spinal Cord
MEETINGS: See American Medical Association Societies, Medical; list of Societies at end of letter S
MEGACOLON: See Colon
MEGAKARYOCYTES: See Bone Marrow
MELANCHOLIA: See Mental Depression
MELANOMA (melanosarcoma)
malignant dermal neoplasms, [Montgomery] *1186
MELANOSIS
transverse band pigmentation of fingernails after X-ray therapy, [Sutton] *210
MELCO Oxygen Tents, Models 262 and 360, 1311
MELLON INSTITUTE
Orthopedic Appliance Program, 1496
MELLON LECTURE: See Lectures
MEMORIAL
Lectureship: See Lectures
stone, history of, placed by A.M.A. in Washington Monument (1855-1877), 1225
to Physicians: See Physicians, memorial; Prizes
MEN: See also Male (cross reference)
in Service: See Armed Forces; Army, U. S.; Korean War; Navy, U. S.; Veterans
numerical predominance of women over, in U. S., 1222—E
MENDEL Award: See Prizes
MENIERE'S Disease: See Vertigo, aural
MENINGES
hemorrhage (subarachnoid) caused by intracranial angiomatosis, Italy, 1032
Hernia of: See Meningocele
Tuberculosis: See Meningitis, tuberculous
MENINGITIS
bacteremia in, antibiotics and chemotherapy for, [Herrell] *1451
bacterial, dihydrostreptomycin intrathecally in? 1443
form of Bornholm disease caused by Coxsackie virus A9, [Windorfer] 1543—ab
in leptospirosis due to Leptospira grippotyphosa, 1st case in U. S., [Spain & Howard] *1010
influenzal, antibiotics and sulfisoxazole in, [Lepper] 430—ab
treatment, fatality after intrathecal penicillin, [Cohen] 1149—ab
tuberculous, erythrocyte sedimentation rate in, [Carletti] 1351—ab
tuberculous, in adults, streptomycin for, [Wackenheim] 252—ab
tuberculous, isonicotinic acid hydrazide in, [Ragazzini] 1258—ab
tuberculous, streptomycin for, [Robertson] 1050—ab; [Widmer] 1351—ab
tuberculous; streptomycin or dihydrostreptomycin for, [Somner] 1542—ab
virus, in poliomyelitis, [Martin] 1641—ab
MENINGOCOCCEMIA
fulminating, blood eosinophil count and cortisone in, [Hodes] 1635—ab
MENINGOCOCCUS: See Neisseria meningitidis
Septicemia: See Meningococcemia
MENINGOCELE
survey, [Schwidde] 717—ab
MENINGOMYELOCELE
lumbar, (reply) [Watson] 738
MENOPAUSE
Heberden's nodes, 1443
MENSTRUATION
Cessation of: See Amenorrhea; Menopause
complications: acute appendicitis, [Levi] 1634—ab
discharge above nipple at periods, 1361
disorders, hepatocholecystopathy coexists with, London, 1239
disorders, relation to obesity, [Rogers] 1042—ab
hemorrhage, diathermic coagulation for, [ten Berge] 622—ab
pattern in thyroid disease, [Goldsmith] 1147—ab
vaginal bleeding in 6 year old girl, 1265
MENTAL DEFECTIVES
Institute for, positions available in, D. C., 1493
MENTAL DEPRESSION
associated with corticotropin and cortisone therapy, [Tourney] 1249—ab
in older persons, [Madden & others] *1567
postpartum treatment, electric shock or minimum stimulation given by Reiter Electrostimulator, (reply) [McCartney] 66
MENTAL DISORDERS: See also Alcoholism; Dementia Precox; Epilepsy; Psychoses
Hospitalization in: See Hospitals, psychiatric
prisoners of emotional disorders, 1566—ab
treatment, spinal fractures in electric shock treatment, [Funkhouser] 1429—ab
treatment, total number of patients under, London, 712
MENTAL FUNCTIONING: See Thinking
MENTAL HEALTH: See Mental Hygiene
MENTAL HOSPITALS: See Hospitals, psychiatric
MENTAL HYGIENE
A.M.A. Committee on Mental Health (appoints Dr. Plunkett full-time secretary) 698; (report 889; (psychiatric communications privileged) 1241; (recommendation of licensure or certification of clinical psychologists) 1686; 1687
clinic to be established, Ohio, 1319
clinics for children, 1229
"Mental Health Motion Pictures, A Selective Guide, 1952," 1038
Mental Health Week Campaign, penny roundup for, Canada, 230
music and, [Podolsky] 248—ab
MENTAL SUGGESTION: See Hypnosis; Psychotherapy
MENTALITY: See Intelligence; Mental Defectives; Thinking
MEPACRINE: See Quinacrine
MEPERIDINE (demerol; pethidine)
toxic reaction, s-allylnormorphine for, (addendum), [Chase & others] *1103
MEPHENESIN (myanesin; tolserol)
N.N.R., (Raymer) 219; (Squibb) 1310; (Rexall) 1405
MEPHOBARBITAL
treatment of hyperhidrosis, [Scanlon] *28
MERCAPTOETHYLAMINE
chemical protection against ionizing irradiation, Belgium, 236
d-MERCAPTOPROPANOL: See BAL
MERCURY
ointment applied to lashes with small cotton swab in pediculosis, (reply) [Horton] 630
MESANTOIN: See Methylphenylethyl Hydantoin
METABOLISM: See also under names of specific substances as Carbohydrates; Protein
basal, in tropics, Brazil, 1328
basal, rate and thyroid hormone, 1059
basal, rate, effect of gallbladder dyes on, 1736
basal, rate vs. serum protein bound iodine estimations, [de Mesnbray] 1729—ab
course in, Calif., 1708
lack of effect of antimetabolitic (2-methyl-3-ethyl-5-aminoindole) on blood pressure, [Spies & Stone] *1599
course in Calif., 1708
METALS: See also Gold; Iron; Lead; Silver; Tantalum; Tin
scrap and dermatitis, 1164
METASTASES: See Cancer; Tumors
METEORITES
hazard in rocket flights, [Campbell] *3
METHADONE
electric shock treatment of drug addiction advisable? 1735
METHANTHELINE (banthine)
bromide treatment of intractable peptic ulcer, [Liebowitz & others] *672
N.N.R., (description) 590; (Searle) 591
METHAPYRILENE HYDROCHLORIDE
elixir, N.N.R., (Blue Line) 35
METHARBITAL (gemonil)
name accepted by Council, 861
METH-DIA-MER-SULFONAMIDES
N.N.R., (Tritonamide; Vanpel) 219
METHEMOGLOBINEMIA
cyanosis, hereditary, [Codounis] 1543—ab
well water containing excessive nitrates, 434
METHIMAZOLE (tapazole)
treatment of goiter and hyperthyroidism, [Irwin & others] (correction) 500
METHIUM: See Hexamethonium
METHONIUM
Decamethonium: See Decamethonium
Hexamethonium: See Hexamethonium
Pentamethonium: See Pentamethonium
treatment, death with, [Goldstone] 1353—ab
METHORPHINAN (dromoran)
hydrobromide, N.N.R., (description) 488; (Hoffmann-LaRoche) 488
overdosage; s-allylnormorphine treatment for, [Chase & others] *1103
METHYL ALCOHOL
poisoning, pancreatitis in, [Bennett] 1724—ab
METHYL-BIS (BETA-CHLOROETHYL) AMINE Hydrochloride: See Nitrogen Mustard
METHYL CHLORIDE
"freon" poisoning in refrigeration mechanics, 1360
METHYLCHOLANTHRENE
carcinogenesis and pituitary, 1604—E
METHYLENEBIS (Hydroxycoumarin): See Bishydroxycoumarin
METHYLENE BLUE
Stuart's transport medium for gynecological swabs, [Alexander] 61—ab
test for toxoplasmosis, [Sabin & others] *1065
2-METHYL-3-ETHYL-5-AMINOINDOLE
intravenously no effect on blood pressure, [Spies & Stone] *1599
METHYLPHENYLETHYL HYDANTOIN (mesantoin)
toxicity; pammyelophthisis, [Kresbach] 1349—ab
METHYLROSANILINE
poisoning (ocular) from aniline pencils, fluorescein solution for, [Hosford & Shilth] *1482
METHYL TESTOSTERONE: See Androgens
METHYLTHIONINE CHLORIDE: See Methylene Blue
METHYL VIOLET: See Methylrosaniline
METURINE IODIDE: See Dimethyl-Tubocurarine
METYCAINE: See Piperocaine
MIAMI Clinical Session: See American Medical Association
MICHELI-Marchiafava Syndrome: See Hemoglobinuria, paroxysmal nocturnal
MICROBIOLOGY: See Bacteriology
MICROCEPHALY
congenital toxoplasmosis cause of? 1444
MICROCOCCUS: See Staphylococcus
MICROORGANISMS: See Bacteria
MICROSCOPY
electron, for cancer research, Pa., 1319
electron, of leptospiral strains, [Breese] 1044—ab
fluorescence, in leprosy, [Gohar] 1257—ab
protonic microscope, Paris, 152
ultropak, to examine protective urine colloids, [Butt & others] *1097
MIDDLE AGE: See Age

MIDDLEBROOK-DUBOS REACTION
study of, Switzerland, 51
MIDWIFERY: See Obstetrics
MIEL, Mrs. George W., presents A.M.A. 1898 Session Silver button, 1767
MIGRAINE: See also Headache
allergic disease, [Unger] 1631—ab
precordial, [Briggs] 514—ab
subtypes, [Vance] 828—ab
MILITARY: See also Armed Forces; Army, U. S.; Aviation, U. S. Air Force; Korean War; World War II
Citations: See Korean War, Heroes
medicine, [Casberg] *1
medicine and pharmacy, 14th International Congress of, 1322; 1609
medicine, annual symposium at U. S. Naval Hospital, 222
medicine, 5 day symposium on newest developments in, at Brooke Army Hospital, 1503
Medicine, International Office of Documentation of, Belgium, 604
Preparedness: See Medical Preparedness
psychiatry, current problems, [Glass] *6
service, credit for by specialty boards, *379
universal military training, 899; (Council report) 911
MILK: See also Cheese; Cream
drinking 2 or 3 quarts of milk not cause of headaches, 1549
goat, evaporated, Capri Brand, 1489
human, radioiodine (I^{131}) transmitted to infants via, [Nurnberger & Lipscomb] *1598
"poisoning" and calcium gout, [McQueen] 1258—ab
MILKERS' NODULES
[Nomland] 612—ab
MILTZER, ALBERT prevents perianal irritation due to aureomycin with vitamin B_{12}, folic acid, and ferric ammonium citrate, 627
MINERAL OIL: See Petrolatum, liquid
MINERALS: See Gold; Iron; Lead; Silver
MINERS
coal (Irish), pneumonoconiosis in, [Denny] 520—ab
hygiene, Great Britain, 1617
United Mine Workers of America, survey of program, (Council report) 936; 1693
MINES
coal, Charleston Conference on Medical Care, A.M.A. representatives at, 495
MINOT Lecture: See Lectures
MISCARRIAGE: See Abortion
MISSISSIPPI Valley Medical Society Contest: See Prizes
MISSOURI
University of: See University
MITES: See also Acariasis
infected wheat straw cause of grain itch, [Booth & Jones] *1575
MITRAL VALVE
stenosis, active rheumatic carditis discovered at operation, [Björck] 1717—ab
stenosis, auricular thrombosis, mitral commissurotomy, and aortic embolectomy; auricular appendectomy, [Bloomberg & others] *1216
stenosis, commissurotomy during pregnancy, [Cooley & Chapman] *1113
stenosis, indications for commissurotomy in, [Janton] 536—ab
stenosis, surgery for, [Dry] *21; [David] 1416—ab
stenosis, surgery for, results, [Janton] 1537—ab
stenosis, valvotomy for, [Baker] 161—ab; [Gerbode] 1145—ab
surgery, transection of coronary artery during commissurotomy, [Lane] 1628—ab
MOBILIZATION: See Medical Preparedness
MOLD: See Aspergillus; Fungi; Penicillium
MOLES: See Nevus
MONALDI'S Aspiration: See Tuberculosis of Lung
MONEY
vector of pathogenic bacteria, [Gan] 1155—ab
MONGOLIAN SPOT
benign dermal neoplasms, [Montgomery] *1183
MONILIASIS
of urinary tract, [Taylor] 1051—ab
pneumonia after aureomycin therapy, [Wolff] 1051—ab
treatment, asterol, toxic encephalopathy with, [Wilson & others] *1002
MONONUCLEOSIS, INFECTIOUS
[Hoagland] 1339—ab
diagnosis, differential absorption tests, [Leibowitz] 1340—ab
diagnosis, simulated by reaction to *p*-aminosalycylic acid, [Sjoukes] 1544—ab
hepatic dysfunction in, [Hsia] 1144—ab
treatment, penicillin and aureomycin, [Schultz] 719—ab
MONOXIDE: See Carbon Monoxide
MONSTERS
craniopagus twins, [Durr] *93
infectious hepatitis complicating pregnancy; effect on fetus, (reply) [Kellogg] 630
MONTGOMERY FOLLICLES
discharge above nipple at menstrual periods, 1361
MOON-Laurence-Biedl Syndrome: See Laurence
MOORE'S Technic: See Femur fracture
MORAL Code: See Ethics, Medical
MORBIDITY: See Disease
Statistics: See Vital Statistics
MORGUE
water connection to autopsy table causes back siphonage, [Bundesen & Connolly] 1333—C
MORPHINE
poisoning (acute), n-allylnormorphine as antidote for, [Chase & others] *1103; 1121—E
relief of pain in coronary occlusion, 958
treatment, danger in asthma, [Engelsher] 1510—C
MORPHOLINOETHYLPHOSPHATE
new test to diagnose cancer of prostate, Paris, 1033
MORTALITY: See Automobiles, accidents; Death; Fetus deaths; Infants; Maternity; under names of specific diseases
Rate: See Vital Statistics; death rate
MOTHERS: See Families; Maternity; Pregnancy
Milk: See Milk, human
MOTION PICTURES: See Moving Pictures
MOTOR VEHICLES: See Automobiles; Medicolegal Abstracts at end of letter M
MOTORCYCLES
fatal accidents: motorcyclists should wear helmets, British-Irish medical associations discuss, 606
MOUTH: See also Lips; Teeth; Tongue
cancer, giving fat emulsion with protein concentrate in, [Goldberg & others] *1665
cancer (intraoral), treatment, [Hendrick & Ward] *1099
cracks and sores of, (reply) [Roantree] 258
Foot and Mouth Disease: See Foot and Mouth Disease
infection foci, eye disease cured by removing, [Knap] 1431—ab
MOVING PICTURES: See also Television
A.M.A. Committee on Medical Motion Pictures, report, 923
at A.M.A. Clinical Session, 880
La Presse Médicale, prize for medicosurgical film, 1609
Mental Health Motion Pictures, A Selective Checklist, 1952 (a catalog) 1038
now available to state and county societies through A.M.A.'s Committee, 39
MOVING PICTURES, MEDICAL (REVIEWS)
Back Pressure: Arm Lift Method of Artificial Respiration, 511
Birthright, 241
Congenital Malformations of the Heart, 241
Foxglove in Medicine, 1358
Healthy Lungs, 55
Infiltration Anesthesia in the First Stage of Labor, 611
Rice and Health, 429
Stress Incontinence, 1143
Suction Socket Artificial Limb, 511
Surgical Approaches to Joints of the Foot, 1338
Surgical Approaches to Joints of the Wrist, 1338
You Can Be Safe from X-Rays, 1143
Your Doctor, 606
MUCOTUSSIN: See Almagucin
MUCOUS MEMBRANES: See Endometrium
MUCOVISCIDOSIS
respiratory tract involvement in cystic fibrosis of pancreas, 1107—E
MULTIPLE
Births: See Twins
Sclerosis: See Sclerosis, Multiple
MUMPS (epidemic parotitis)
convalescent plasma, attack rates in homologous serum jaundice, [Paine & Janeway] *200
orchitis, diethylstilbestrol in, [Butti] 519—ab
testis atrophy after, 64
treatment, antibiotics, [Racca] 1259—ab
treatment, aureomycin, [Homer & Donovan] *1463
MURDER: See Suicide
MURLESS HEAD EXTRACTOR
experiences with in cesarean section, [Welsman & Carrabba] *1209; (correction) 1322
MUSCLES: See also Cartilage; Fascia
Atrophy: See Atrophy
Cardiac: See Myocardium
Cramps: See Cramps
disease, incidence of myopathies in muscular dystrophies, [Ramsey & McCarroll] *659
Dystrophy: See Dystrophy, muscular
electromyography, what clinician should know about it, [Huddleston] *1293
Exercise: See Exercise, therapeutic
hypertrophy (generalized) in infantile myxedema, Italian Society discusses, 505
Inflammation (Multiple): See Dermatomyositis
lipofibrosus-calcareous myopathy, Italy, 1329
neuromuscular reeducation in paraplegia, [Kabat] 243—ab
psoas spasm, Bragard and Ely tests, 737
rectus abdominal, syndrome of ruptured deep epigastric vessel, [Krapin] *789
relaxants (short acting) London, 237
relaxants (synthetic) in anesthesia, [Foldes & others] *1559
Spasm: See Poliomyelitis; Spasm; Tetany
Strength, Decrease of: See Myasthenia Gravis
strength increased after intravenous edrophonium (tension) chloride as test in myasthenia gravis, [Osserman & Kaplan] *265
MUSCULAR DYSTROPHY: See Dystrophy
MUSEUM: See Health museum
MUSIC
mental health and, [Podolsky] 248—ab
therapy, National Association for, 801
MUSTARD
Nitrogen: See Nitrogen Mustard
MUSTARGEN: See Mechlorethamine
MYALGIA
Epidemic: See Pleurodynia, Epidemic
MYANESIN: See Mephenesin
MYASTHENIA GRAVIS: See also Dystrophy, muscular
bulbar, carotid sinus denervation for, [Thévenard] 1158—ab
complicating pregnancy, 527
curare like factor in serum, [Schwarz] 1639—ab
diagnosis, rapid test with edrophonium (tensilon) chloride, [Osserman & Kaplan] *265
MYCETOMA
amputate leg for, [Baker] *1579
MYCOBACTERIUM Tuberculosis: See Tubercle Bacillus
MYCOLOGY: See Fungi
MYCOSIS: See also Actinomycosis; Blastomycosis; Chromoblastomycosis; Coccidioidomycosis; Moniliasis
among industrial workers, Norway, 1331
aneurysm of circle of Willis, [Rathmell & others] *555
resectable lesions and acutely fatal mycosis, [Baker] *1579
treatment, asterol dihydrochloride, [Feathers-tan] *1006
treatment, asterol, neurotoxic symptoms after, [Hitch] *1004
treatment, asterol topically, toxic encephalopathy from, [Wilson & others] *1002
MYELITIS: See Encephalomyelitis; Poliomyelitis
MYELOMA
multiple, malignant lesions associated with dermatomyositis, [Curtis & others] *844
MYELOMENINGOCELE
survey, [Schwidde] 717—ab
MYOBLASTOMA
granular cell, benign dermal neoplasms, [Montgomery] *1183
MYOCARDITIS
diffuse interstitial, granulomas due to penicillin sensitivity, [Waugh] 512—ab
MYOCARDIUM
activity, role of enzymes, vitamins and hormones, Italy, 1506
biochemistry; role of electrolytes and ions in contraction, 1506
Infarction: See also Thrombosis, coronary
infarction (acute), anticoagulant therapy, [Russek] 614—ab
infarction (acute), complications and sequelae, [Ernstene] *1069
infarction (acute) routine use of quinidine in, [Cutts] 1151—ab
infarction, atrophy of small hand muscles as result, [Zuldema] 622—ab
infarction, hydroxycoumarin in, [Richter] 517—ab
infarction, blood coagulation accelerated in; heparin clotting time; dihydroxycoumarin treatment, [Rosenthal] 1343—ab
infarction, electrocardiogram abnormal and later normal in, 1358
infarction, extensive pericarditis complicating, [Syner] 60—ab
infarction in aged persons, [Kisa] 432—ab
infarction, pathogenesis of spontaneous cardiac rupture, [Wessler] 1538—ab
infarction, perforation of interventricular septum complicating, [Zucker] 613—ab
infarction, postoperative complication of major surgery, [Wróblewski & LaDue] *1212
infarction, prognosis, [Hauss] 1728—ab
infarction, shock with, [Heilerstein] 1718—ab
Inflammation: See Myocarditis
streptomycin deleterious effect on? 627
MYOGRAM, electro—: See Muscles, electromyography
MYOMA
benign dermal neoplasms, [Montgomery] *1183
MYOPATHY: See Muscles, disease
MYOSITIS
Epidemic: See Pleurodynia, Epidemic
Multiple: See Dermatomyositis
MYOTONIA
Dystrophica: See Dystrophy, muscular
MYTOLON: See Benzoquinonium
MYVIZONE: See Amithiozone
MYXEDEMA
infantile, with generalized muscle hypertrophy and increased strength, Italian Society discusses, 505
MYXOFIBROMA
benign dermal neoplasms, [Montgomery] *1183

Medicolegal Abstracts

ALCOHOL
oxidation in body; rate of, 1424
ANESTHETICS
spinal; paralysis; malpractice, 954
spinal; paralysis; res ipsa loquitor, 954
ANIMAL EXPERIMENTATION
dogs; impounding by humane society; validity of statute, 1142

V 1
195

Medicolegal Abstracts—Continued
ANIMAL EXPERIMENTATION—Continued
dogs; statute authorizing requisition of impounded dogs; validity, 1142
humane society; impounded dogs; requisition by university, 1142
pounds; disposition of dogs by humane society; validity of statute, 1142
ARMED SERVICES
doctors' draft law; constitutionality of, 815
doctors' draft law; inductee used as laboratory technician, 815
doctors' draft law; induction of physician as private, 815
ASSOCIATIONS
medical; by-laws; enforcement; monopoly in relation to, 1243
medical; by-laws; third person damaged by enforcement, 1243
medical; contract practice; validity of by-law relating to, 1243
medical; membership; contingent on compliance with by-law, 1243
medical; membership; exclusion because of contract practice, 1243
medical; membership; right to use hospital facilities in relation to, 1243
medical; prepaid medical care plan; monopoly in relation to, 1243
medical; standards may be upheld, 1243
BLOOD
paternity; blood-grouping tests to determine; admissibility, 611, 1038
transfusion; wrong type used; liability of charitable hospital, 1336
CHILDBIRTH
prenatal injuries; liability for, 1337
CHIROPRACTIC
manipulation; dislocation of vertebra caused by, 1142
CHRISTIAN SCIENCE
freedom to believe and to act distinguished, 816
tuberculosis; compulsory school examination, 816
DOCTORS' DRAFT LAW: see Armed Services
DOGS: see Animal Experimentation
CRIMES
psychiatric examination; right of accused to private examination, 242
DRUNKENNESS
chemical tests; admissibility, 1338; 1424
Drunkometer; reliability of test, 1424
DRUNKOMETER: see Drunkenness
EVIDENCE: see also Malpractice
drunkenness; chemical tests; admissibility, 1338, 1424
paternity; blood-grouping tests; when admissible, 611, 1038
psychiatric examination; right of accused to private examination, 242
scientific tests; drunkenness; admissibility, 1338, 1424
scientific tests; paternity, 611, 1038
witnesses, expert; opinion testimony; invading province of jury, 1424
HOSPITALS, CHARITABLE
blood transfusion; administration of wrong blood type; liability for, 1336
liability in general, 429, 1336
pay patients; liability to, 1336
technician; liability for negligence of, 1336
HOSPITALS, IN GENERAL
exclusion of practitioners; membership in medical society, 1243
osteopathic; right to license to operate, 1624
HUMANE SOCIETIES: see Animal Experimentation
INJURIES
prenatal; liability for, 1337
INSANITY
criminal; right of accused to private examination, 242
MALPRACTICE
anesthetics; spinal; paralysis caused by, 954
chiropractic; dislocation of vertebra, 1142
evidence; res ipsa loquitur, 954
evidence; witnesses, expert; necessity for, 954
paralysis; spinal anesthetic as cause of, 954
skill and care; standards; in general, 954
workmen's compensation in relation to, 1142
MEDICAL PRACTICE ACTS
constitutionality; in general, 1623
"doctor"; restriction as to use of title, 1623
exemptions; faith healing, 1623
faith healing; construction of exemption, 1623
fines; payable to examining board, 1623
license; evidence of required of defendant, 1623
titles; sufficiency of, 1623
MEDICAL SERVICE PLANS
contract practice in relation to, 1243
monopoly in relation to, 1243
MOTOR VEHICLES
drunken drivers; chemical tests; admissibility, 1338, 1424
OPTOMETRY
examining boards; schools; classification by private association; validity of, 242
examining boards; rules fixing educational prerequisites; validity of, 242
schools; classification by private association; validity of requirement, 242
OSTEOPATHY
hospitals; right to license to operate, 1624
PARALYSIS
spinal anesthetic in relation to, 954
PATERNITY
blood-grouping tests to determine; admissibility, 611, 1038
PRENATAL INJURIES
liability for, 1337
PRIVILEGED COMMUNICATIONS
chemical tests for intoxication in relation to, 1338
SCHOOLS
optometry; classification by private association, 242
regulations; compulsory examination of students for tuberculosis; validity, 816
tuberculosis; compulsory examination of students for tuberculosis; validity, 816
SCIENTIFIC TESTS: see Evidence
SELECTIVE SERVICE ACT: See Armed Services, doctors' draft law
TUBERCULOSIS
schools; compulsory examination of students; validity of, 816
WORDS AND PHRASES
"clear and present danger," 816
"contract practice," 1243
"monopoly," 1243
WORKMEN'S COMPENSATION ACTS
chiropractors; malpractice in treating industrial injury; employee's right to recover for, 1142
malpractice by physician; employee's rights to recover for, 1142
X-RAYS: see Roentgenograms

N

N.E.A.: See National Education Association
N.N.R.: See under names of specific products
NAILS
biting, problem in children, 958
fingernails, transverse band pigmentation of, after x-ray therapy, [Sutton] *210
toenail (thickened), how to overcome, 528
trophic, in alopecia areata with oral cortisone, [Billaha & Rothman] *516
NALLINE: See N-Allylnormorphinone
NARCOTICS: See also Morphine; Opium
addiction, electric shock treatment advisable? 1735
addicts, not in Ringling Brothers and Barnum and Bailey circus, [Roberts] 951—C
clinic opened, Mich., 699
clinics, state supported, Ill., 1409
poisoning, clinical aspects, [Clemmesen] 732—ab
poisoning, laryngeal complications after endotracheal intubation, [Dam] 1641—ab
NASAL: See Nose
Sinuses: See Sphenoid Sinus
Sinusitis: See Sinusitis, Nasal
NASOPHARYNGITIS: See Colds
NASOPHARYNX: See Adenoidectomy; Adenoids
NATHANSON Lecture: See Lectures
NATION
President's Commission on Health Needs of the Nation: See President's Commission
NATIONAL: See also American; International; list of Societies at end of letter S
Advisory Committee to Selective Service, A.M.A. resolutions on, 1701
Cancer Institute: See Cancer
Committee for Traffic Safety, A.M.A. Bureau cooperation with, 921
Committee on Boys' and Girls' Club Work, (4-H Clubs), A.M.A. Bureau cooperation with, 921
Conference for Cooperation in Health Education, A.M.A. Bureau cooperation with, 921
Conference on Physicians and Schools (third), Bureau report, 920; 1687
Conference on Rural Health, (7th) (report), 912
Conference on Trichinosis, 698; 888; 1412; 1685
Congress of Parents and Teachers, Advisory Committee on Health and Summer Roundup, (A.M.A. Bureau cooperation with), 921
Congress of Pediatrics (4th), Mexico, 51
Defense: See Armed Forces; Civilian Defense; Medical Preparedness
Education Association, Joint Committee on Health Problems in Education, 921; 1687
Education Campaign of A.M.A.: See American Medical Association
Emergency Medical Service, A.M.A. Council on: See American Medical Association
Employ the Physically Handicapped Week, 592—E
Food and Nutrition Institute, 1504
Foundation for Infantile Paralysis: See Foundations
Fund for Medical Education: See Foundations
Gastroenterological Ass'n, Gold Keys: See Prizes
Health Service (England), (moral climate of the Welfare State) 237; (conference of local medical committees) 237; (cost of hospital patients) 237; (spying by health visitors) 595; (general practice today) 711; (president's address of B.M.A.) 950; (meeting of B.M.A.) 1238; (gross cost of, annual report of Ministry of Health) 1507; (prescription levy under) 1617; (first health center) 1715; (consultation levy for patients under) 1716
NATIONAL—Continued
Heart Institute: See Heart
Institutes of Health: See Health
Institute of Mental Health, ("Mental Health Motion Pictures, A Selective Guide, 1952") 1038
Interassociation Committee on Internships sponsors matching plan for internship appointments, (Council report) *279; *429; 929
Medical Civil Defense Conference, (Council report) 910
Medical Congress (4th), Ecuador, 1238
Old People's Welfare Committee, London, (work in care of aged) 426
Professional Committee for Eisenhower and Nixon, Whitaker and Baxter resign A.M.A. assignment, 494
Research Council (grants for scholars in cancer research) 1130
Safety Council, (report on traffic accidents) 491—E; (report on occupational injuries) 804
Science Foundation: See Foundations
Society for Medical Research, Executive Committee, (A.M.A. Bureau cooperation with) 921
Society for Prevention of Blindness, (A.M.A. Bureau cooperation with) 921
NATIONS, United: See United Nations
NAUSEA: See also Migraine; Vomiting
postoperative, dimenhydrinate to control, [Hume] 718—ab
NAVEL: See Umbilicus
NAVEL CORD: See Umbilical Cord
NAVY, UNITED STATES: See also Armed Forces
Bureau of Medicine and Surgery, 110th anniversary, 222
course in radioactive isotopes, 948
Hospital Corps School, Portsmouth, Va., 50th year, 603
Medical School, guest lecture series, 603
medicomilitary symposium, (at Philadelphia, Oct. 20-25) 222; (at Chelsea, Mass., Oct. 27-29) 222
Puch (Lamont) Rear Admiral, unjustified criticism of physicians and dentists, 1312—E
reserve officers, course in amphibious medicine for, 48
reserves, A.M.A. resolution on recalling doctors to, 1700
NEBRASKA
studies on evaluating Red Cross gamma globulin as poliomyelitis preventive, [Hammon & others] *750; 796—E
NECK: See also Lymphatic System; Spine, cervical; Throat
cancer, combined operations for, [Vieta] 512—ab
Klippel-Feil Syndrome, [Bracher & Koontz] *1006
tumors, teratoma, in newborn, [White] 349—ab
tumors, tuberculous lymphoma, tonsillectomy for, [Hasler] 1260—ab
NECROLOGY: See Deaths at end of letter D
NECROPSIES: See Autopsies
NECROSIS: See Fat; Kidneys; Liver; Purpura; Skin
NEEDLES
hypodermic, sale of, state legislation, (Bureau report) 917
NEEDY: See Medically Indigent
NEGATIVE Pressure: See Pressure, negative; Suction
NEGROES
dangers of nitroux oxide anesthesia for Negroes with sickle cell anemia, Paris, 1240
depigmentation from adhesive tape, [McKusick & Stacey] 1332—C
erythroblastosis in, 1444
health practices, study of, 1320
medical students, *113
recurrent keloids, 1736
resolution on Old North State Medical Society as constituent of the A.M.A., 891; 1684
transverse band pigmentation of fingernails after x-ray therapy, [Sutton] *210
tuberculosis complicating sickle cell anemia in, [Weiss] 431—ab
tuberculosis of spleen with leukopenia and febrile anemia, [Ravina] 1053—ab
NEISSERIA
Gonorrhoea Infection: See Gonorrhea
meningitidis bacteremia, antibiotics and chemotherapy for, [Herrell] *1451
NEOANTERGAN: See Pyrilamine
NEOARSPHENAMINE
treatment of eosinophilic pneumopathy, [Ensign] *1205
NEOMYCIN
combined antibiotic action, (Council article) [Jawetz & Gunnison] *693
NEOPLASMS: See Cancer; Sarcoma; Tumors; under region or organ affected

NEOSTIGMINE (prostigmine)
methylsulfate-U.S.P. N.N.R., (Vitarine) 591; (Miller) 1405
NEO-SYNEPHRINE Hydrochloride: See Phenylephrine
NEPHRECTOMY: See Kidneys surgery
NEPHRITIS
chronic, cortisone and renal extract therapy, Italian Society discusses, 585
glomerular, prognosis in childhood, [Hebert] 57—ab
lodism, [Irwin] 1147—ab
Tuberculous: See Kidneys, tuberculosis
NEPHROLITHIASIS: See Kidneys, calculi
NEPHRON Nephrosis: See Kidneys, disease
NEPHROSIS: See Kidneys, disease
NERVES: See also Nervous System; Neur—
Anesthesia: See Anesthesia
Block: See also Nerves, phrenic; Nervous System, Sympathetic
block (analgesic) for intractable pain, [Bonica] *1581
block, combined sciatic and femoral nerve block, [Moore] *550
Ganglion: See Ganglion
median, thenar neuritis, 1446
neuromuscular reeducation in paraplegia, [Kabat] 243—ab
Paralysis: See Paralysis
peripheral, injuries, diagnostic value of electromyography, [Huddleston] *1293
phrenic block and crush for hiccups, [Gigot & Flynn] *761
phrenic rebound phenomenon: new sign of peritoneal irritation, 1114—ab
Reflex: See Reflex
Sciatic: See Nerves, block; sciatica
Trigeminal: See Neuralgia, trigeminal
vagotomy, effects on gastric secretions and motility, [Rowe] 1346—ab
vagotomy and subtotal gastrectomy for duodenal ulcer compared 5 years later, [Pollard & others] *1476
vagotomy for postcholecystectomy syndrome, [Coleman] 722—ab
vagotomy, results, [Grimson] 157—ab
vagotomy, subtotal gastrectomy with and without, [Druckerman] 1428—ab
NERVOUS SYSTEM: See also Brain; Ganglion; Nerves; Nervous System, Sympathetic; Spinal Cord
Disease: See Encephalomyelitis
symptoms after accidental intraspinal injection of detergent, [Winkelman] 1042—ab
symptoms after using asterol dihydrochloride, [Hitch] *1004
thallium intoxication in children, [Frank & Hirsch] *586
NERVOUS SYSTEM, SYMPATHETIC
blocking (chemical) in hypertension, [Moser] 154—ab
destructive lesions, absence of clinical evidence in acute anterior poliomyelitis, [Pollock] 243—ab
in acute cholecystitis, [Howard] 1346—ab
psychotherapeutic interviews and galvanic skin response, [Seitz] 1148—ab
Surgery: See Sympathectomy
NEURALGIA: See also Causalgia
intercostal, after sympathectomy, 630
pain syndromes manageable with nerve blocks, [Bonica] *1585
trigeminal, review of 689 cases, [Peet] 1150—ab
NEURITIS: See also Neuropathy
median thenar: numbness, prickling and tingling in right hand, 1146
Sciatic: See Sciatica
NEUROBLASTOMA: See Sympathicogonioma
NEUROCIRCULATORY Asthenia: See Asthenia
NEURODERMATITIS
treatment, topical use of antihistamines, [Ellis & Bundick] *773
NEUROLOGY: See also Nerves; Nervous System; Neur—
American Board of: See American Board
course in by Veterans Administration, 663
graduate training programs, acceptable by American Board, (Council report) *977
history, centenary of birth of Pierre Marie, Paris, 1240; 1421
in general practice, course on, Wis., 1607
International Meeting of Neurologists, Paris, 1240
manifestations after spinal anesthesia, [Michelsen] 248—ab
NEUROMA
traumatic, [Raftery] 619—ab
NEUROMUSCULAR: See Nerves; Muscles
NEUROPATHY
Arthritic: See Charcot's Joints
incidence in muscular dystrophies, [Ramsey & McCarroll] *659
NEUROPSYCHIATRY
International Congress of Neuropsychiatry, Santiago, Chile, Dec. 9-15, 1025
NEUROSIS
anxiety, frequency in 1,000 private cardiac patients, [Master] *195
Cardiac: See Asthenia, neurocirculatory
in older persons, [Madden & others] *1569
tuberculosis, and pregnancy, (reply) [Wilmer] 1268
NEUROSURGERY: See Brain surgery; Nerves; Sympathectomy
American Board of Neurological Surgery: See American Board
NEUROSYPHILIS: See Tabes Dorsalis
NEUTROPENIA: See Agranulocytosis
NEVUS
blue, benign dermal neoplasms, [Montgomery] *1183; 1184
flammeus in child from diethylstilbestrol given in pregnancy? 1646
pubic hair on 6-year old girl, 1645
treatment of port wine hemangioma in infant, 738
NEWBORN: See Infants, Newborn
NEWCASTLE DISEASE
virus, conjunctivitis due to, in poultry workers, [Nelson] 615—ab
virus, role in acquired hemolytic anemia, [Sacks & others] *1536
NEW ENGLAND
disseminated coccidioidomycosis in, [Falkinburg] *216
NEW GROWTH: See Tumors
NEW JERSEY
disability benefits laws, comparative analysis, [Farrell] *655
NEWSPAPERS: See Journals; Press relations
NEW YORK
City Health Insurance Plan, choice of physician, [Master] *766; (correct statements made by Dr. Master) [Baehr] 1422—C
disability benefits laws, comparative analysis, [Farrell] *655
Health Insurance Plan of Greater New York, Inc., impact on medical profession, [Master] *766; (correct statements made by Dr. Master) [Baehr] 1422—C
medical program for boxing industry, [Perlaino] *651; 1490—E
Session: See American Medical Association
standards for care of poliomyelitis respirator patients, [Baumgartner] 607—C; [Galloway] 1512—C
State University of, Alumni Medallion: See Prizes
NIACIN: See Acid, nicotinic
NIADRIN: See Isoniazid
NICOTINAMIDE: See Acid, nicotinic
NICOTINE: See Tobacco
NICOTINIC ACID: See Acid, nicotinic
NIELSEN METHOD: See Respiration, artificial
NIEMANN-PICK DISEASE
new form of, cure with single massive dose of vitamin A, [Castellanos] 727—ab
NIGHT Cramps: See Cramps
Secretion: See Stomach secretion
NIPPLE: See Breast
NITRATES
excessive, in well water, 434
Mannitol Hexanitrate: See Mannitol
NITROGEN
retaining action of growth hormone, 1602—E
NITROGEN MUSTARD
treatment of asthma, [Waldbott] 1427—ab; [Jiménez Díaz] 1439—ab
treatment of esophageal cancer, [Flauchu] 1729—ab
treatment of leukemia, [Sturgis] *1554
treatment plus x-rays after surgery for gastrointestinal lymphosarcoma, [Lockwood] *435
NITROGLYCERIN: See Glyceryl Trinitrate
NITROHEXON: See Dinitrophenol
NITROUS OXIDE
Anesthesia: See Anesthesia
NODES: See Heberden's Nodes
NODULES: See also Milkers' Nodules
subcutaneous fibrosis, benign dermal neoplasms, [Montgomery] *1182
NOISE
abatement symposium, 498
industrial, and impaired hearing, 798—E
industrial, (Council report) 969
of airplane, effect on auditory thresholds, [Senturia] 1146—ab
NOMENCLATURE: See Terminology
NOR-EPINEPHRINE: See Arterenol
NORTH CAROLINA
A.M.A. resolution on Negro physicians in, 891; 1084
NORWEGIAN: See also Scandinavian
Bathing Association, drive for more extensive use of baths, Norway, 1331
NOSE: See also Otorhinolaryngology
Colds: See Colds; Hay Fever; Rhinitis
postnasal drip, 166; (replies) [Wolf; Goldman] 1550
surgery, relation to poliomyelitis, [Miller] *532
NOVALDIN
agranulocytosis from; corticotropin cures, [Hart] 956—ab
NOVOCAIN: See Procaine Hydrochloride
NUCLEAR Physics: See Atomic Energy; Protons
NUCLEONICS
in medicine, Conference on, 1230
NUCLEUS
Pulposus: See Spine, intervertebral disk
NURSES AND NURSING
aides, instruction for, by U.S.P.H.S., 1418
Books concerned with: See Book Reviews at the end of letter B
education, federal aid to, 898
NURSES AND NURSING—Continued
nursing unconscious patient in faulty position: cause of anesthetic deaths, 545—ab
services in industry, essentials of, (Council report) 968
schools, A.M.A. resolution on problem of accrediting, 1699
should nurse use gloves when giving streptomycin injections? 1736
state legislation, (Bureau report) 917
supply, employ older married women, [Church] 715—C
supply, Great Britain, 1508
NURSLINGS: See Infants
NUTRITION: See also Diet; Food; Infants, feeding
A.M.A. Council on Foods and Nutrition: See American Medical Association
Borden award in, 1497
Deficiency: See also Vitamins, deficiencies; Starvation
deficiency, giving fat emulsion with protein concentrate in, [Goldberg & others] *1665
deficiency in low-salt diets, [Allen] 1141—C
deficiency, study 1,539 undernourished infants in hospitals, Chile, 1505
National Food and Nutrition Institute, 1504
Nutrition Foundation, Inc. (establish Osborne and Mendel Award) 1412; (research grants) 1495
protein, in surgery, 141—E
value of flour, defatted wheat germ to improve, [Westerman] 516—ab
Vitamins in: See Vitamins
NUTS: See Tung Nut
NYDRAZID: See Isoniazid
NYSTAGMUS
miners', Great Britain, 1617

O

OBESITY
in 29-year-old woman, 1645
liver in, [Zelman] 1246—ab
relation to menstrual disturbances, [Rogers] 1042—ab
treatment, drugs and weight reduction, 1645
OBITUARIES: See list of Deaths at end of letter D
OBSTETRICS: See also Abortion; Cesarean Section; Labor; Pregnancy; Puerperium
All India Obstetric and Gynaecological Congress (7th), 1133
American Board of: See American Board
Anesthesia in: See Anesthesia
Emergency Maternity and Infant Care Program: See Emergency
group practice in, [Harrell] 1618—C
International Synodical Reunion of Obstetricians and Gynecologists in 1953, 1025
present day, place of version and extraction in, [Keettel] 515—ab
repair obstetric soft tissue damage immediately post partum, [Douglass] *1061
OCCUPATIONAL
Dermatoses: See Industrial Dermatoses
Disease: See Industrial Diseases
Health: See Industrial Health
OCHRONOSIS
cortisone in ochronotic arthritis, [Cope & Kassander] *997
OCULAR Symptoms: Tests: See Eyes; Vision
ODOR
zinc peroxide useful as deodorant; danger of explosion in screw-top containers, [Pillsbury] 609—C
O'FARRELL, P. T., president's address before British Medical Association, 950
OFFICE, Physician's: See Physicians
OFFICERS: See Armed Forces; Army, U. S.; Aviation, U. S. Air Force; Health, USPHS; Medical Preparedness; Navy, U. S. of A.M.A.: See American Medical Association
OIDIUM (Candida) albicans Infection: See Moniliasis
OIL: See also Peanut Oil
Aspiration of, into Lungs: See Pneumonia, lipid
Mineral: See Petrolatum, liquid
refining industry, health hazards in, 65
OLD AGE
acute appendicitis in, [Carp] 512—ab
aging, health, and employment, (Council report) 969
blepharospasm in 71 year old patient, 1265
carcinoma and other gastric disorders in, [Holler] 1436—ab
cardiac infarct in, [Kiss] 432—ab
care of aged: work of National Old People's Welfare Committee, London, 426
care of the dying, [Alvarez] *86
chronic illness and senescence, [Stieglitz] (Commission article), *481
Colorado's aging population, 1605
conference on aging, New York, 1021
disabling diseases, incidence, [Geiperin] 715—C
growing problem of chronic disease among aged, [Miller] *293
hematological values in aged, [Shapleigh] 1724—ab
hospital expense insurance through individual policies up to age 75, [Bauer] 1679
hypothyroidism and geriatrics, [Pollack] 609—C

V 1 195

OLD AGE—Continued
Journal of the American Geriatrics Society, (new publication) 1229
kidney in, [Binet] 1733—ab
lack of sexual potency and aging, [Hulse] *818
nondementing psychoses in older persons, [Madden & others] *1567
Old Age and Survivor's Insurance benefits amendments to Social Security Act, [Bauer] 1679
phenobarbital contraindicated in patients over 60, (correction) 1025
Physicians attaining: See Physicians, veteran
preparations for later years, 686—ab
surgery in, London, 1715
treatment of asthma in older age group, [Unger & Unger] *568
Van Hoosen geriatrics ward at Women and Children's Hospital, Illinois, 1317
OLD NORTH STATE MEDICAL SOCIETY
resolution on admitting to A.M.A. as constituent society, 891; 1681
ONCHOCERCIASIS: See Filariasis
OPERATION: See Surgery; under names of specific organ and disease
Illegal: See Abortion, criminal
Standard Nomenclature: See Terminology
OPHTHALMIC Solution: See Eyes
OPHTHALMOLOGISTS
example of repeated questions submitted to Judicial Council, 1706
responsibility in era of social revolution, [Dunphy] *1016
OPHTHALMOLOGY: See also Eyes; Vision
American Board of: See American Board
seminar at U. of Florida, 1494
OPIUM: See also Morphine
camphorated tincture, addiction to paregoric, 1267
OPTOMETRY: See Medicolegal Abstracts at end of letter M
ORAL-SOL: See Ethinyl Estradiol
ORAL Cavity: See Mouth
ORATIONS: See Lectures
ORCHITIS: See Testes inflammation
ORDNANCE: See Ballistics
ORGANIZATIONS: See Societies, Medical; list of Societies and Other Organizations at end of letter S
ORGIZED LABOR: See Industrial Trade Unions
ORGANIZED MEDICINE: See American Medical Association; Societies, Medical
ORGANS: See Viscera; under names of specific organs as Heart; Stomach
ORNITHOSIS: See also Psittacosis
after contact with pheasants, in owner of pheasant ranch, [Ward & Birge] *217
ORTHOPEDICS: See also Bones; Foot; Fractures
Associations of English-Speaking World, first Joint Meeting, 1239
ORTHOPEDIC APPLIANCES PROGRAM AT MELLON INSTITUTE: THE FIRST FIVE YEARS, 1196 program, N. Y., 596
Surgery, American Board of: See American Board
surgery in cerebral palsy, [Barnett] *1396
OSBORNE Award: See Prizes
OSLER-RENDU Disease: See Telangiectasia
OSTEOARTHRITIS
Heberden's nodes, 1443
of cervical spine, x-ray diagnosis; treatment, 1445
treatment, extract derived from pregnant mammalian liver, 1163
treatment, phenylbutazone and "butapyrin," [Steinbrocker & others] *1089
OSTEOCHONDRITIS
pathogenesis; classification, discussed by Belgian Society, 1615
OSTEOCHONDROSIS
of upper epiphysis; nailing neck of femur in Perthes' disease, [Hauberg] 1732—ab
OSTEOMYELITIS
of lumbar vertebrae due to Escherichia coli, complicating acute suppurative pneumonia, [Herfort] *1873
treatment, antibiotics and chemotherapy for pyogenic, syphilitic, and hematogenous types, [Altemeier & Largen] *1463; *1466; *1467
OSTEOPATHS: See also Medicolegal Abstracts at end of letter M
A.M.A. resolution on committee to consult with American Osteopathic Association, 892
Judicial Council report, 1706; 1707
OSTEOPOROSIS
of immobilization in recumbency, [Stevenson] 728—ab
post-traumatic, ultrasonic therapy of Sudeck's atrophy, [Kübler] 1354—ab
OTITIS, EXTERNAL: See Ear inflammation
OTITIS MEDIA
chronic suppurative, selecting patients for surgical procedures, [Simonton] *161
OTOLARYNGOLOGY: See also Ear; Larynx
American Board of: See American Board
future of: advocate 2 types of schools for graduate teaching, [Roberts] 1510—C
how much should be taught to general practitioners? Questionnaire sent 12 medical schools, [McCaskey] *67
seminar at U. of Florida, 1494
OTORHINOLARYNGOLOGY
disease, tetracetina treatment, [Rossi] 729—ab
OVARY
cortical stromal hyperplasia, [McManus] 517—ab
genetic aspects of x-ray exposures, 176—ab
painful, or chronic appendicitis? [Patton] 1247—ab
pregnancy possible with only one ovary? 630
tumors, masculinizing, Belgium, 236
OVERHOLT PULMONARY SYNDROME
unsuspected bronchiectasis in asthmatic patient, [Friedman] 1512—C
OVERVENTILATION: See Respiration, hyperventilation
OVERWEIGHT: See Obesity
OVERWORK: See Fatigue
OVIDUCTS
disease, penicillin therapy; new etiological factor in ectopic pregnancy, [Krohn & others] *1291
insufflation, Kiddie Tubal Insufflator, Office Model No. 605700, 488
surgery, plastic operation using polyethylene tubing in genital tuberculosis, (reply) [Walser & Castaño] 1362
OWREN'S Disease: See Parahemophilia
OXINOXEN
treatment of gouty arthritis, [Iversen] 1440—ab
OXYGEN: See also Pneumoperitoneum; Pneumothorax, Artificial
deficiency, anoxia as cause of endocardial fibroelastosis in infancy, [Johnson] 1717—ab
industrial hazard of high oxygen atmospheres, 1058
Quotient: See Metabolism, basal
retroperitoneal insufflation in roentgen diagnosis, [Sansone] 831—ab
retroperitoneal pneumography with pyelography, [Duff] 1151—ab
tents, (Melco, Models 262 and 360) 1311; (Electrolor, Model 570) 1489
therapy, emergency resuscitation, 91—ab
therapy in retrolental fibroplasia, [Patz] 1627—ab
OXYGENATOR PUMP (mechanical heart)
extracorporeal oxygenation of blood with, [Helmsworth & others] *451
OXYPHRENONIUM BROMIDE (Antrenyl)
name accepted by Council, 861
OXYPOLYGELATIN
plasma expanders, [Ravdin] *13

P

PAM: See Penicillin, procaine
PAS: See Acid, *p*-aminosalicylic
PIE Syndrome: See Lungs, infiltration
PR: See Public Relations
PTA: See National Congress of Parents and Teachers
PACK (George T.) Lectureship: See Lectures
"PACK" Method: See Aneurysm, aortic
PAIN: See also Backache, Headache; Neuralgia; Sciatica; under names of specific organs and regions as Abdomen; Arms; Face; Tongue
Burning: See Causalgia
Precordial: See also Angina Pectoris; Arteries, coronary; Thrombosis, coronary
referred, cardiac, 1350
Relief of: See also Anesthesia; Nerves, block; Nervous System, Sympathetic, blocking; Sympathectomy
relief of, in coronary occlusion, 958
relief of, procaine hydrochloride and procaine amide hydrochloride in, [Trasi] *785
relief of, tetracaine intravenously, [Horan] 1722—ab
PAINT
lead-free, for painting baby bed, 1446
PALATE
cancer, treatment, [Hendrick & Ward] *1099
cleft, and parental age, [McEvitt] 1635—ab
PALESTINE: See Israel
PALSY
Bell's: See Paralysis, facial
Cerebral: See Paralysis, cerebral
PANCREAS: See also Diabetes Mellitus
cancer (pancreaticoduodenal), [Edlund] 730—ab
cystic fibrosis, respiratory tract involvement in (mucoviscidosis), 1167—E
extract, centropnecine from, Paris, 152
hyperinsulinism, surgical treatment, [Hellstrom] 1048—ab
inflammation, cortisone in acute hemorrhagic pancreatitis, [Stephenson] 1339—ab
inflammation in methyl alcohol poisoning, [Bennett] 1724—ab
Secretion: See Insulin
surgery, pancreatoduodenectomy, Brazil, 1505
tumor of islet cells, effect of alloxan on, [Röttner] 1050—ab
PANCREATIC DUCTS
reflux of bile into, [Hicken] 513—ab
PANCREATITIS: See Pancreas inflammation
PANICO Technic: See Cancer diagnosis
PANMYELOPHTHISIS: See Bone Marrow
PAPANICOLAOU Cytologic Technic: See Cancer
PAPERS: See Newspapers
Prizes for: See Prizes
"White Paper": See National Health Service, England
PAPILLOMA
of biliary tract, [Moore & others] *999
PARA-AMINOBENZOIC ACID: See Acid, *p*-aminobenzoic
PARA-AMINOSALICYLIC ACID: See Acid, *p*-aminosalicylic
PARAFFIN, Liquid: See Petrolatum, liquid
PARAGANGLIOMA
Hodgkin's, [Harrison] 1729—ab
PARAHEMOPHILIA
Owren's disease, [Alexander] 1718—ab
PARALYSIS: See also Hemiplegia; Paraplegia; Medicolegal Abstracts at end of letter M
bulbar, 1366—ab
cerebral, American Academy for Cerebral Palsy, 228
cerebral, anastomosis of jugular vein to carotid artery in, [Battezzati] 1136—ab
cerebral, anterior poliomyelitis attack children with cerebral palsy? 1362
cerebral, course in, N. Y., 1709
cerebral, multipurpose brace; useful adjunct in rehabilitation, [Snow] *687
cerebral, orthopedic surgery in, [Barnett] *1396
cerebral palsy, ablation of abnormal cortex in, [Penfield] 729—ab
Cerebral Palsy Clinic of Medical Society of Milwaukee County, Wis., 226
cerebral palsy clinics, D. C., 223
cerebral palsy program at Children's Hospital, San Francisco, 1316
cerebral, symposium by Research Council of United Cerebral Palsy Ass'n., Inc., 1022
death after dive in shallow water, 736
facial, poliomyelitis with, after dental procedure, [Snow] 1350—ab
facial, stellate block in Bell's palsy, [Swan] *92
Infantile: See Poliomyelitis
Spastic: See also Paralysis, cerebral
spastic, hemispherectomy in hemispastics, [MacKay] 517—ab
tardy median palsy, 1446
PARANOIA: See Psychosis, paranoid
PARANORMAL PHENOMENA
Belgian Committee for Scientific Investigation of, report, 1615
PARAPLEGIA
neuromuscular reeducation in, [Kabat] 243—ab
PARASITES
Intestinal: See Ancylostomiasis; Teniasis
spasmophilic diathesis and gastrointestinal parasitosis, Paris, 152
PARATHYROID
cyst, unusual manifestations (hyperparathyroidism) after removal, [Greene & others] *853
hyperparathyroidism and renal calculi, [Miller] 829—ab
hypoparathyroidism (familial), [Goldman & others] *1104
hypoparathyroidism (idiopathic), erroneous diagnosis in, [Haunted] 1263—ab
identification of: form; weight, 1404—ab
PARATYPHOID
Incidence, London, 505
PAREGORIC: See Opium, camphorated tincture of
PARENTS: See Maternity; Paternity
PARKE, DAVIS and Co. Fellowships: See Fellowships
PARKINSON-White-Wolff Syndrome: See Wolff
PARLIAMENTARIAN
professional, employment by House of Delegates proposed, [Reuling] 1677; 1678
PAROTITIS, EPIDEMIC: See Mumps
PARROT Fever: See Psittacosis
PARTURITION: See Labor
PAS: See Acid, *p*-aminosalicylic
PASTEUR, LOUIS
commemorative stamp series, Mass., 802
PASTEURELLA
multocida in suppurative respiratory diseases; penicillin treatment, [Olsen] 819—ab
tularensis Infection: See Tularemia
PATENTS
Holding Corporation for, 889; 1684
PATERNITY: See also Medicolegal Abstracts at end of letter M
age of father and cleft lip and palate in child, [McEvitt] 1635—ab
disputed cases, blood tests in, A.M.A. Committee report, 914
PATHOLOGISTS
Clinical, American Society of, 597
PATHOLOGY: See also Disease; under specific organs and regions as Kidneys; Lungs; Skin
American Board of: See American Board
cardiovascular, registry of, 229
clinical, course in, by U. S. Army, 1327
development of pathological anatomy, Norway, 151
Gerhard award for research in, N. Y., 1495
PATIENTS: See also Disease; Medical Service; Surgery; under names of specific diseases
bedridden, footrest device for exercising legs, [Smigel & Gibson] *587

PATIENTS—Continued
Chronically Ill: See Disease, chronic
Communication with Physician: See Privileged Communications
Convalescence: See Convalescence
course in "Better Doctor-Patient Understanding," New York, 144
education, Cleveland Health Museum's progress toward, [Gebhard] *1594
Home Care: See Home care
Hospital: See Hospitals
physician relations, mediation committees set up in each state to improve, 698
Rehabilitation: See Rehabilitation
Transport of: See Ambulances
PAUL LEWIS Laboratories Prize: See Prizes
PAY: See Wages
for Physicians Services: See Fees
PEANUT OIL
in fat emulsion with protein concentrate given by mouth, gastrostomy and jejunostomy, [Goldberg & others] *1665
PECTUS Excavatus: See Thorax, funnel chest
PEDIATRICS: See also Children; Infants
American Academy of, (meeting in Chicago) 598; (children's tumor registry established) 1150
American Board of: See American Board
A.M.A. Section symposium on present status of corticotropin, cortisone and allied substance in, [Bunim & others] *1273; [Mickey & Mills] *1278; [Boland] *1281; [Riley] *1288
cardiology fellowship, Utah, 1607
Chilean Congress of, 43
Colombian Congress of, 1419
Emergency Maternity and Infant Care Program: See Emergency
National Congress of (4th), Mexico, 51
Obstetric Institute, Mexico, 944
pediatrician (Dr. Sheldon) appointed member of the Royal Household, 1711
PEDICULOIDES ventriosus: See Acarodermatitis urticarioides
PEDICULOSIS
of eyelashes; mercurial ointment applied to lashes with small cotton swab, (reply) [Horton] 630
PELVIS: See also Hip; Pubic Region; Thigh
abscess, aspirate pus through Douglas pouch, inject penicillin and streptomycin, [Tupper] 1349—ab
disease, penicillin therapy; etiological factor in ectopic pregnancy, [Krohn others] *1291
endoscopy in gynecology, [MacFayden] 1340—ab
irradiation, third generation follow-up in woman receiving, [Rubin] *207; [Russell] 1619—C; [Warren & Hicks] 1620—C; [Newell] 1620—C
sclerosing lipogranuloma, [Galbraith & Young] *1295
surgery, Austria, 236
surgery (radical), induced hypotension in, [Bevan] 726—ab
PENCILS
aniline, accidents to eyes from; methyloxaniline poisoning treated with fluorescein solution, [Benford & Smith] *1482
PENDIOMID
ganglion blocking agents in cerebrovascular accidents, [Petit-Dutaillis] 252—ab
PENICILLIN
cultivating Endamoeba histolytica from stools with [Spingarn] 244—ab
G, potassium, (buffered), N.N.R., (Premo) 35; (Abbott) 219
G, procaine, in oil, with aluminum monostearate (PAM) to prevent syphilis, 460—ab
G, procaine, with procaine hydrochloride, aqueous suspension, N.N.R., (Dwight) 219
new repository (Bicillin), [Stollerman & Russell] *1571
toxicity; fatal allergic reaction, London, 1420
toxicity; how frequently does fever occur as side effect? 627
toxicity, reactions related to ingestion of cheese, 627
toxicity; sensitivity, granulomas due to, [Waugh] 512—ab
Treatment; See also Cardiovascular Disease, syphilis; Eclampsia; Measles; Respiratory System, disease
treatment, combined antibiotic action, (Council article) [Jawetz & Gunnison] *893
treatment, combined antibiotics for subacute infectious endocarditis, [Donzelot] 432—ab
treatment, failures, in subacute bacterial endocarditis, [Bingold] 1728—ab
treatment in inflammatory pelvic disease; new ethological factor in ectopic pregnancy, [Krohn & others] *1291
treatment, injection, of pelvis abscess, [Tupper] 1349—ab
treat, intrathecal injection, fatality after, [Cohen] 1149—ab
treatment plus aureomycin of infectious mononucleosis, [Schultz] 719—ab
treatment plus chloramphenicol cures subacute bacterial endocarditis, [Abern & Kirby] *33
treatment plus streptomycin in subacute bacterial endocarditis, [Fritze] 830—ab; [Haynal] 1439—ab
PENICILLIN—Continued
treatment plus sulfonamide to prevent "nasal-descending asthma," [Engelsher] 1510—C
treatment plus terramycin in lung abscess, Italy, 1033
treatment, preventive, in congenital syphilis, [Shaffer] 1720—ab
treatment, resistant staphylococcic infection, [Wilson] 727—ab
treatment, topical, in localized infections, [Domati] 1051—ab
PENICILLIUM
notatum, penicillin reactions related to ingestion of cheese, *27
PENIS
plastic induration, mistaken for cancer of urethra, (reply) [Amelar] 738
plastic induration, Peyronie's disease with Dupuytren's contracture, [Waller] 1633—ab
sclerosing lipogranuloma involving, [Galbraith & Young] *1295
surgery, successful repair of accidental transection of corpora, [Price] 1632—ab
PENITENTIARY: See Prisoners
PENNSYLVANIA
University of: See University
PENSIONS: See Retirement
PENTAMETHONIUM
bromide treatment, death with, [Goldstone] 1353—ab
PEOPLE: See Population; Public Relations
PEPTIC ULCER
benign, relation to gastric carcinoma, [Brown] 1723—ab
duodenal ulcer symptoms, manifestation of abdominal epilepsy? (replies) [Moore; Schindler] 66
duodenal ulcer with parenchymal calcification of kidney, [Becker] 1533—ab
etiology, problem of; schematic representation, [Stone] *1635
gastroduodenal ulcer disease, 3 groups, Spain, 1139
hemorrhage, blood volume determinations in, [Kruger] 1630—ab
hemorrhage in child after using corticotropin for rheumatic fever, [Busby] 1431—ab
hemorrhage, multiple ulcers with massive hemorrhage during oral cortisone therapy, [Davis & Zeller] *31
hemorrhage, patient with upper gastrointestinal tract hemorrhage, [Rogers] *173
perforated (acute), at Massachusetts General, [Burbank] 1728—ab
perforated (acute), primary partial gastrectomy for, [Lowdon] 1156—ab
perforated duodenal ulcer in newborn, [Brink] 729—ab
perforated "silent," in tabes dorsalis, [Grimble] 1049—ab
problem, nature of, [Stone] *1635
roentgen diagnosis, [Ferolla] 1541—ab
surgical treatment, partial gastrectomy for duodenal ulcer, [Palumbo] 1247—ab
surgical treatment, primary partial gastrectomy, [Lowdon] 1156—ab
surgical treatment, results of vagotomy, [Grimson] 157—ab
surgical treatment, sexual after-effect of gastrectomy, Paris, 152
surgical treatment, subtotal gastrectomy with and without vagotomy, [Druckerman] 1424—ab
surgical treatment, vagotomy and subtotal gastrectomy compared 5 years later, [Pollard & others] *1476
treatment, [Stone] *1637
treatment, basic aluminum carbonate, N.N.R. (description) 1487; (Wyeth) 1488
treatment (medical) of small gastric ulcer, 5 year follow-up, [Cain & others] *781
treatment, methantheline (Banthine) bromide for intractable type, [Lichowitz & others] *672
treatment, milk poisoning and calcium gout, [McQueen] 1258—ab
treatment, powdered beef pituitary insufflation, 1060
PERAZIL: See Chlorcyclizine Hydrochloride
PERFORATION: See Aneurysm, aortic; Colon; Esophagus; Peptic Ulcer; Vena Cava
PERIARTERITIS
polyarteritis nodosa after thiouracil and iodine, [Dahlqvist] 1436—ab
PERICARDENTESIS
needle, inject calcium gluconate through, to diagnose hemorrhagic pericardiac effusion, [Mills] *1298
PERICARDITIS
clinical and laboratory data, [Herrmann] 155—ab
constrictive chronic, abnormal physiology in, [Sawyer] 1532—ab
constrictive, lecture on, Wash., 883
constrictive, surgery for, [Dry] *20
extensive, complicating myocardial infarction, [Stuart] 40—ab
suppurative, chemotherapy and antibiotics for, [Herrell] *1455
PERICARDIUM
hemorrhagic effusion, inject calcium gluconate through pericardentesis needle to diagnose, [Mills] *1298
PERINEUM
repair obstetric damage immediately post partum, [Douglass] *1061
PERIODICALS: See Journals
PERITONEUM: See also Pneumoperitoneum
extraperitoneal pneumography, [Steinbach] 1452—ab
hemorrhage (intraperitoneal massive) in ectopic pregnancy, [Plsani] 1153—ab
Inflammation: See Peritonitis
intraperitoneal escape of barium fluid; perforation of sigmoid colon, [Isaacs] *645
intraperitoneal use of streptokinase-streptodornase, [Vecchietto] 1541—ab
Irrigation (artificial kidney): See Kidneys, artificial
irritation, phrenic rebound phenomenon sign of, 1114—ab
PERITONITIS
in 17 patients with ulcerative colitis treated with corticotropin, [Tulin & others] *559
pelvic, endoscopy in, [MacFayden] 1340—ab
postoperative, septic jaundice complicating, [Irwin] 1049—ab
treatment, chemotherapy and antibiotics, [Hughes] *1458
PERLECHE
cracks at corners of mouth, (reply) [Roantree] 258
PERMEABILITY
tests of surgical anastomoses of portal and caval systems, [Leger] 623—ab
PERMUTIT
water softener, 167
PERNICIOUS ANEMIA: See Anemia, Pernicious
PERON, EVA, death of, Argentina, 710
PERSIAN GULF
British Medical Association membership open to American physicians in area of, [Lull] 509—C
PERSONALITY: See also Psychosomatic Medicine
adrenocortical hormones and, London, 1420
appraisal of injured, [Monheimer] 158—ab
of premature infants in later life, [Howard] 249—ab
PERSPIRATION: See Sweat
PERTHES Disease: See Osteochondrosis
PERTUSSIS: See Whooping Cough
PESTICIDES
A.M.A. Committee on, (desires reports of cases of poisoning) 421; (report) 903
PETHIDINE: See Meperidine
PETIT MAL: See Epilepsy
PETROLATUM
chemical examination of lung tissue for mineral oil, [Donnelly] 155—ab
mineral oil and fatty acid deficiency, [Bacon] 1345—ab
PETROLEUM Products: See Kerosene
PEYRONIE'S DISEASE: See Penis, plastic induration
PHAGE: See Bacteriophage
PHANTOM LIMB: See Amputation
PHARMACEUTICALS
American Pharmaceutical Association, 100th year, 227
electronic sterilization, 1420
new, importation into Great Britain, 1617
PHARMACOLOGY: See Drugs; Pharmaceuticals; Pharmacy
PHARMACY
A.M.A. Council on: See American Medical Association
International Congress of Military Medicine and Pharmacy (14th), 1322; 1609
PHARYNX
mechanical cough chamber and exsufflator to remove secretions from, [Barach & others] *1380
suction to remove secretion from, in poliomyelitis patient in respirator, [Galloway] 1512—C
PHEASANTS
psittacosis (ornithosis) from contact with, in pheasant ranch owner, [Ward & Birge] *217
PHEMISTER (Dallas B.): Lecture: See Lectures
PHENINDAMINE TARTRATE (Thephorin)
appraisal of topical use of antihistamines, [Ellis & Bundick] *773
PHENINDIONE (Indulin; HED)
name accepted by Council, 861
PHENOBARBITAL
treatment, contraindicated in patients over 60? 528; (correction) 1025
treatment, evaluation of standard anticonvulsants in 319 patients, [Yahr & others] *863
treatment in heart disease, 528
PHENTOLAMINE (regitine; C-7337)
name accepted by Council, 861
PHENYLBUTAZONE (butazolidin)
name accepted by Council, 861
toxicity, untoward effects, [Granirer] 1332—C
treatment, benefits and toxicity in rheumatoid arthritis, [Stephens & others] *1084
treatment of arthritis and other painful musculoskeletal disorders compared with butazyrin, [Steinbrocker & others] *1087
PHENYLEPHRINE HYDROCHLORIDE (Neo-Synephrine)
U.S.P., N.N.R., (Winthrop-Stearns), 1310
PHENYTOIN: See Diphenylhydantoin Sodium
PHILATELY: See Postage Stamps; Stamps

PHOSPHORUS
radioactive, treatment of leukemia, [Osgood & Seaman] *1372; [Sturgis] *1555
PHOTOGRAPHY: See also Moving Pictures
in acquisition procedures at Armed Forces Medical Library, 948
PHRENIC Crush; Nerve: See Nerves
PHTHALYLSULFATHIAZOLE (sulfathalidine)
intestinal antisepsis, [Poth] 245—ab
PHYSICAL DEFECTS: See Crippled; Disability; Handicapped; Rehabilitation
PHYSICAL EDUCATION: See Athletics; Exercise, therapeutic; Health education
PHYSICAL EXAMINATION
for athletes; deaths due to boxing and football, 1490—E
preemployment, state legislation, (Bureau report) 917
"**PHYSICAL LABORATORY**": See American Medical Association
PHYSICAL MEDICINE: See also Physical Therapy
American Board of: See American Board
A. M. A. Council on: See American Medical Association
fellowships by National Foundation for Infantile Paralysis, 1497
PHYSICAL REHABILITATION: See Rehabilitation
PHYSICAL THERAPY: See also Diathermy; Fever, therapeutic; Physical Medicine; Radiation; Radium; Roentgen Therapy; Ultrasonics; Ultraviolet Rays; under names of specific diseases
A. M. A. Council on: See American Medical Association Council on Physical Medicine and Rehabilitation
4 year course at Marquette U., Wis., 701
mobile units, 1229
PHYSICALLY HANDICAPPED: See Handicapped
PHYSICIANS: See also Economics, Medical; Medical Jurisprudence; Medical Service; Medicine, profession of; Surgeons
Alien: See Physicians, foreign
American, in area surrounding Persian Gulf membership in British Medical Association open to, [Lull] 509—C
A.M.A. resolutions on insurance reporting forms, 1705
American Medical Education Foundation and, 1016—E
American, Serving Overseas: See Korean War
American, unjustified criticism by Rear Adm. Lamont Pugh, 1312—E
Appreciation Day, Kan., 1227
attitude toward the dying, [Alvarez] *87
avocations, art exhibit, Pa., 143
avocations, hobbies, London, 1238
Awards to: See Prizes
Bills: See Fees
British, Horse Shoe Club to foster Anglo-American relations, London, 1239
British, Rockefeller Foundation traveling fellowships for, 1330
cancer patient and, [Taylor & Slaughter] *1012
choice of, A.M.A. resolution on right of U. S. employees to obtain personal physician, 1702
continuation courses for, *127; (in 1953) 1492—E; *1513
Courses for: See Education, Medical, graduate
Deaths: See list of Deaths at end of letter D
diabetes mellitus in, [Mirsky] 1430—ab
Doctor's Emergency Service (D.E.S.), [Potter] *1095
Doctor Draft Law: See Medical Preparedness
Education of: See Education, Medical
Emergency Calls: See under Emergency
employed part-time under Keogh-Reed bills, 1549
English: See Physicians, British
Ethics: See Ethics, Medical
Federal Income Tax: See Tax
Fees: See Fees
Fellowships for: See Fellowships
Foreign: See also other subheads as Physicians, British
foreign, periodicals for, [Ginn] 52—C; [Castle] 814—C; 1614
Graduate Work: See Education, Medical
hepatitis among, frequency, Denmark, 605
Heroic Action: See Korean War, Heroes
identification in armed forces, Belgium, 604
Imposters preying on: See Imposters
In Service: See Armed Forces; Army, U. S.; Korean War; Navy, U. S.
Income Tax: See Tax
Jewish, World Congress of, Israel, 1328
Killed in Service: See Korean War, Heroes
laboratory infection in, 1621
laws relating to limited practitioners, state legislation, (Bureau report) 917
Lectures honoring: See Lectures
leukemia and other malignant diseases in, [Peller] 1426—ab
Licensure of: See Licensure
Malpractice by: See Malpractice
Martyrs: See Martyrs
Medals for: See Prizes
Medical Responsibility: See Malpractice; Medical Jurisprudence; Medicolegal Abstracts at end of letter M

PHYSICIANS—Continued
Memorial: See also Fellowships; Lectures; Memorial Stone; Prizes
memorial, Garthright bridge, Va., 41
memorial to Dr. Robert Gavin, Wis., 498
memorial, Van Hoosen Geriatrics Ward, Ill., 1312
Military Service: See Korean War; Medical Preparedness
Ministry of Health defamation proceedings against physician, London, 505
Mobilization: See Medical Preparedness
Negligence of: See Malpractice
Negro, resolution on Old North State Medical Society as constituent of A.M.A., 891; 1684
office, patient education at, [Gebhard] *1594
patients relations: course in "Better Doctor-Patient Understanding," N. Y., 144
patients relations, mediation committees set up in each state to improve, 698
Physicians and Schools Conference (first), Wis., 597
Physicians and Schools, National Conference on (3rd), 920; 1687
placement service, (Council report), 933; 934
positions open, hospital directors needed, Pa., 1709
positions open in Canal Zone, 805
positions open in Institute for Mental Defectives, D. C., 1493
positions open in Iran, 1024
postage stamps honor, Colombia, 1130
Postgraduate Education: See Education, Medical, graduate
Practicing: See also Medicine, practice; Physicians, supply
practicing, A.M.A. General Practitioner Award, to Dr. Travis, 1492—E; 1676
practicing, A.M.A. resolutions on training of general practitioner, 1702
practicing, home care program and, [Bluestone] 1034—C
practicing, how much otolaryngology should be taught general practitioners? questionnaire sent 12 medical schools, [McCaskey] *67
practicing, industrial health program launched for, 421
practicing, opening large city hospital staffs to general practitioner, [Maltin] 1423—C; (A.M.A. reply) 1423—C
practicing, students at U. of Pennsylvania organize "future general practitioners," 700
Prescriptions: See Prescriptions
Privileged Communications: See Privileged Communications
Prizes for: See Prizes
relation to lay technical workers, A.M.A. resolution on, 1702
Resident: See Residents and Residencies
Retirement: See Retirement
Services: See Medical Service; Medical Service Plans
Specializing: See Specialists; Specialties
stamps honoring, 802; 1130
Student A.M.A. honorary membership open to, 421
supply, [Bauer] 1678
supply, areas in need, 1412
supply, CIO "'52 Facts on Politics" attacks A.M.A., 1120—E; *1123
supply, increase in, Turkey, 427
supply, personnel held as prisoners of war, Belgium, 604
supply, statistics on, in Ministry of Health report, London, 1507
supply, statistics on shortages, (Council report) 934
syphilis as an occupational hazard to, 1603—E
television activities should be allowed, Denmark, 1032
Training: See Education, Medical
veteran, A.M.A. General Practitioner's Gold Medal to Dr. John M. Travis, 1492—E
veteran, appreciation day honoring Dr. Van Der Schouw, Colo., 1125
veteran, death of Prof. A. Lesage at 90, Paris, 1421
veteran, Dr. Charles F. Peterson Day in Independence, Wis., 1320
veteran, Dr. Henry Boswell honored, Miss., 1410
veteran, Dr. Holland Day honored, Wyo., 1320
veteran, Dr. Isaac Abt honored on his 85th birthday, Chicago, 1409
veteran, Dr. Stanley M. Cotton honored, Ind., 1317
veteran, 50 year pins presented, Okla., 225; 1127
veteran, 50-year pin to Dr. John Reynolds, Okla., 1411
veteran, honor Oregon's oldest physicians, 1228
veteran, Mount Carroll honors 3 physicians (Dr. Rice, 85; Dr. Colehour, 77; Dr. Mershon, 76), Illinois, 496
veteran, tribute to Dr. Sturgeon on 98th birthday, 1128
veteran, William Branch Porter Society organized by former residents, Va., 1496
veteran, World Medical Association to honor at 1953 meeting, 1711
Veterans (War): See Veterans
Wages for: See Wages
War Service: See Korean War
Women: See also Students, Medical, women

PHYSICIANS—Continued
women, Distinguished Daughters, Pa., 1709
women, Dr. Ada Hatcher as Inglewood's outstanding citizen for 1952, Calif., 1493
women, in United States, *114
women, Van Hoosen Geriatrics Ward, 1317
World Congress of Jewish Physicians in Jerusalem, 1328
"Your Doctor" film, 698
PHYSICS
Nuclear: See Atomic Energy; Nucleonics; Protons; Radioactive Isotopes
PHYSIOTHERAPY: See Physical Therapy
PICK-Niemann Disease: See Niemann-Pick Disease
PICTURES: See Art; Moving Pictures; Physicians, avocations; Photography; Portraits (cross reference); Television
"**PIEBALDNESS**": See Albinism
PIEZOGRAMS
to predict vascular accidents in mild hypertension, [Meyer-Heine] 1352—ab
PIGMENTATION: See Chromoblastomycosis; Melanosis
Loss of: See Albinism; Vitiligo
PILES: See Hemorrhoids
PILGRIMAGE
to Mecca, 1711
PILOTS: See Aviation
PIMPLES: See Acne
PINK DISEASE: See Erythredema
PIPEROCAINE HYDROCHLORIDE (metycaine)
U.S.P., N.N.R., (Lilly), 1310
vs. antihistamines as local anesthetic for urethral manipulation, [Fitzpatrick & others] *1092
PITUITARY: See also Diabetes Insipidus
Adrenocorticotropic Hormone: See Corticotropin
carcinogenesis and, 1604—E
Cushing's Syndrome: See Cushing's Syndrome
growth hormone and carbohydrate metabolism, 1602—E
hypopituitarism due to syphilis; androgen treatment, [Oelbaum] 1438—ab
insufficiency and tumors, 4 hour eosinophil response tests, [Best] 1148—ab
insufficiency, sarcoid-like granulomas of pituitary in, [Bleisch] 612—ab
insufficiency, sphenoid sinus chronology, Spain, 1140
powdered beef pituitary, insufflation for duodenal ulcer, 1060
tumors, adenomas, roentgen therapy, [Aitken] 1253—ab
tumors, chromophobe, treatment, [Horrax] 721—ab
PLACEBO
therapy vs. visammin as bronchodilator, [Snider & others] *1400
PLACEMENT: See Physicians
PLACENTA: See also Amniotic Fluid; Fetus
manual removal of, 791—ab
praevia, roentgen diagnosis, 1593—ab
PLANES: See Aviation
PLANTS: See Pollen; Weeds
PLASMA: See also under various subheads of Blood
despeciated heterologous, experiments in man with, [Larget] 1259—ab
expanders, [Ravdin] *10
lupus erythematosus plasma test, [Walsh] 249—ab
pooled, attack rates in homologous serum jaundice, [Paine & Janeway] *200
pregnancy, for use in rheumatoid arthritis, 1058
thrombin recovery test, [Sternberger] *1591
Transfusion: See Blood Transfusion of plasma
ultraviolet-irradiated, viral hepatitis after using, [Thompson] 1636—ab
PLASTER
Adhesive: See Adhesive Tape
PLASTIC SURGERY: See Surgery
PLATELETS: See Blood platelets; Purpura, thrombopenic
PLEURA
effusions, radioactive gold in, [King] 1720—ab
streptokinase and streptodornase injected into pleural space, [Hopkins] 1535—ab
PLEURISY
Purulent: See Empyema
treatment, streptokinase-streptodornase injected into pleural space, [Hopkins] 1535—ab
PLEURODYNIA, EPIDEMIC
meningitic form of, caused by Coxsackie virus A_2, [Windorfer] 1543—ab
PLEUROPNEUMONIA-LIKE ORGANISM
in postpartum patient, sustained bacteremia with, [Slingerland & Morgan] *1309
PLUMBING
water connection to autopsy table in morgue may cause back siphonage, [Bundesen & Connolly] 1333—C
PLUMBISM: See Lead poisoning
PLUNKETT, RICHARD J., appointed full-time secretary of A.M.A. Committee on Mental Health, 698; 889
PNEUMOCELE
hiatus, complicating therapeutic pneumoperitoneum, [Friedman] *211

150
952

PNEUMOCOCCUS
bacteremia, chemotherapy and antibiotics for, [Herrell] *1673
PNEUMOCONIOSIS: See Pneumonoconiosis
PNEUMOGRAPHY
extraperitoneal, [Steinbach] 1432—ab
PNEUMONECTOMY: See Lungs, surgery
PNEUMONIA
acute suppurative, complicating osteomyelitis of lumbar vertebrae due to Escherichia coli, [Herfort] *1073
atypical primary, diagnosis, [Crawshaw] 731—ab
chemical pneumonitis from exposure to anhydrous ammonia and ceresan, 1358
Friedländer's, antibiotics and chemotherapy for, [Romansky & Kelser] *1448
Histoplasma Capsulatum isolated from soil, etiologic role in Camp Gruber pneumonitis, [Furcolow] 1044—ab
in childhood, [Finke] 1390—ab
lipid endogenous, [Morgan] 956—ab
moniliasis pneumonia after aureomycin therapy, [Wolff] 1051—ab
treatment of various types with chemotherapy and antibiotics, [Romansky & Kelser] *1447
Virus: See Pneumonia, atypical primary
PNEUMONOCONIOSIS
coal miner's, symposium on, W. Va., 1129
in Irish coal miners, [Deeny] 520—ab
industrial medical aspects of chest diseases, [Prinet] *1173
Mexican Congress on, 1413
roentgenograms of lungs of workers exposed to soot, [Töpphner] 1256—ab
silicosis (pulmonary): Chile, 150
silicosis, roentgen diagnosis, [Pendergrass] *1178
treatment with positive pressure breathing, [Smart & others] *1388
PNEUMOPERITONEUM
artificial, hiatus pneumocele complicating, [Friedman] *211
in diseases of chest, [Peabody] *1472
in 566 cases, [Crenshaw] 1041—ab
retropneumoperitoneum, [Steinbach] 1432—ab
PNEUMOTHORAX
spontaneous, in child, [Bauza] 1438—ab
traumatic, streptokinase-streptodornase injected into pleural space for, [Hopkins] 1535—ab
PNEUMOTHORAX, ARTIFICIAL: See also Tuberculosis of Lung
in diseases of chest, [Peabody] *1472
induced by lung puncture, [Moyes] 1156—ab
POIRRIER'S BLUE
new colloids for flocculation tests, Chile, 1506
POISONING: See also names of specific substances as Carbon Monoxide; Lead; Potassium
A.M.A. Committee on Pesticides desires case reports, 421
Federal Caustic Poison Law, [Jackson] 258—C
Food: See Food poisoning
Industrial: See Industrial Dermatoses; Industrial Diseases
suicide—leading cause of death; panel held at C. of Virginia Hospital, 696—E; (correction: Sheppe instead of Sheffe) 1131
POLIOMYELITIS
acute anterior, ever attack children with cerebral palsy? 1362
acute anterior, no destructive lesions of sympathetic in, [Pollock] 243—ab
bulbar, 1366—ab
center, London, 1138
clinic, opened in Guatemala City, 1413
deforming factors in early stage of, [Mitchell] 1639—ab
epidemic in Oslo, 1951, [Holst] 1731—ab
epidemics, lessons from, Norway, 1139
etiology: tooth extraction, [Snow] 1350—ab
etiology: trauma, 64
in newborn, [Johnson] 722—ab
incidence, England and Wales, 712; 1420
incidence, outbreak in Mexico, 151
incidence, relation to surgery of nose and throat, [Miller] *532
incidence, relation to tonsillectomy, [Miller] *532; [Top] *534; [Wilson] *539
incidence, U. S., 42; 145; 228; 424; 499; 599; 702; 806; 946; 1024; 1131; 1230; 1322; 1413; 1498; 1609; 1710
National Foundation for Infantile Paralysis, (March of Dimes grants) 228; (reports more respiratory centers needed) 229; (fellowships in preventive medicine) 1229; (fellowships in physical medicine) 1497; (fellowships available) 1608
prevention, rabies vaccination for, [Milzer] 589—C
prevention, Red Cross gamma globulin, [Hammon & others] *739; *750; *757; 796—E; (A.M.A. committee report) 1697
recent additions to knowledge of, [Kusum] *1179
respirator patient, remove secretion from pharynx with suction, [Galloway] 1512—C
respirator patients in New York, standards for care of, [Baumgartner] 607—C
POLIOMYELITIS—Continued
respiratory centers needed, National Foundation reports, 229
treatment, betaine-glycocyamine (betasyamine) 592—E; [Fallis & Lam] *851
treatment, curare and stretching, [Raisman] 59—ab
treatment, mechanical cough chamber and exsufflator for, [Barach & others] *1380
treatment, multipurpose brace: useful adjunct in rehabilitation, [Snow] *687
treatment, prisocaline vs. Kenny packs, [O'Donnell] 1725—ab
treatment, tracheotomy, [Baekkevold] 1731—ab
treatment, tracheotomy, intermittent positive pressure, sedation, [Baumeister] 723—ab
treatment, trypsin solution, [Steigman & Scott] *1403
victim, awards for saving baby of, Chicago, 699
virus, demonstrating in meningeal forms of, [Martin] 1641—ab
virus, encephalitis possibly due to, [Barrett] 1639—ab
POLITICS: See also Elections
A.M.A. statement on participation in election campaigns; donations; federal election laws, 493
courses on political formation by U. of Buenos Aires, 1031
CIO "52 Facts on Politics" attacks A.M.A., 1120—E; *1123
POLLENS
allergy in Southwest, [Swinny] *464
POLLINOSIS: See Hay Fever
POLLITZER Lecture: See Lectures
POLLOCK Fund: See Foundations
POLONIUM
reactor-produced available for purchase from U. S. Atomic Energy Commission, 1327
POLYARTERITIS: See Periarteritis
POLYARTHRITIS: See Arthritis, Rheumatoid
POLYCYTHEMIA
clotting tests in, [Friedman & others] *83
vera, triethylene melamine in, [Rosenthal] 1532—ab
POLYETHYLENE
tubing for tubal plastic operation (reply) [Wainer & Castallo], 1362
vs. tantalum for cranioplasty, [Lockhart] 247—ab
POLYMYXIN
Council statement, 1219
POLYMYXIN B SULFATE (aerosporin)
N.N.R., (description) 1219; (Aerosporin of Burroughs Wellcome) 1220
POLYURIA: See Diabetes Insipidus
POLYVINYL
catheter for roentgen localization of descending aorta [Zinsser & others] *1200
POLYVINYLPYRROLIDONE (kollidon)
plasma expanders, [Ravdin] *12
PONTOCAINE: See Tetracaine
POOL: See Swimming pool
POOR: See Medically Indigent
POPULATION: See also Vital Statistics
numerical predominance of women over men in U. S., 1222—E
statistics, Greenland, 49
PORK: See Trichinosis
PORPHYRIA
lead, delta-amin B_{12} effect on, [Frank] 1433—ab
simulating surgical conditions, [Rentschler] 1426—ab
PORTAL VEIN
hypertension and Banti's disease, Belgian Society studies, 1615
permeability tests of anastomoses of portal and caval systems, [Leger] 623—ab
PORTRAITS: See under names of individuals as Truman; West
of Men in: See Korean War, Heroes, for specific names
POSITION in Space: See Posture
POSITIONS Open: See Physicians, positions open
POSITIVE Pressure: See Pressure
POSTAGE STAMPS
honor physicians, Colombia, 1130
medical stamps honoring Dr. Salvador B. Gautier Hospital, Dominican Republic, 1320
POSTGRADUATE: See Education, Medical, graduate
POSTMORTEM: See Autopsies
POSTNASAL Drip: See Nose
POSTNATAL: See Infants, Newborn
POSTOPERATIVE: See Surgery
POSTPARTUM: See Puerperium
POSTURE
cause of anesthetic deaths: nursing unconscious patient in faulty position, 545—ab
for good night's sleep should one lie with length of body on north-south axis? 1058
head lowering to treat hypotension on operating table, [Cole] *273
osteoporosis of immobilization in recumbency, [Stevenson] 728—ab
treatment of air embolism by turning patient on left side, [Musgrove & MacQuigg] *28
treatment of early intervertebral disk lesions: exercises and bed rest in flexion, [Sell] *987
POTASSIUM
arsenite (Fowler's solution) in asthma remedy, poisoning from, [Silver & Waldman] *584; [Pelner & Waldman] 1511—C
deficiency, desoxycorticosterone acetate and electrolyte metabolism, 1223—E
deficits in surgical patients, [Ellison] 56—ab; [Elman] 821—ab; [Lans] 1637—ab
in Blood: See Blood
Penicillin: See Penicillin G
potassic saline (Darrow), N.N.R., (description) 489; (Don Baxter) 489
POTTS-Smith-Gibson Operation: See Arteries, pulmonary
POUCH of Douglas: See Douglas Pouch
POULTRY: See Chickens
POVERTY: See Medically Indigent
POWDER: See Dusting Powder
POWER, Atomic: See Atomic Energy
POWER-KEPLER-ROBINSON Water Test: See Robinson
PRACTICE of Medicine: See Medicine, practice
PRACTITIONER: See Physicians
Drugless: See Cults
PRANONE: See Anhydrohydroxyprogesterone
PRATT Lectures: See Lectures
PRECEPTORSHIPS: See also Interns and Internships
programs, *1120
PRECOCIOUS Puberty: See Adolescence
PREFRONTAL Leukotomy; Lobotomy: See Brain surgery
PREGNANCY: See also Fetus; Labor; Maternity; Obstetrics; Placenta; Puerperium
advisable in parents whose children have congenital heart disease, 1443
advisable in tuberculosis and neurosis? (reply), [Wilmer] 1208
age in, and congenital heart disease in child, [MacMahon] 1433—ab
age in, relation to cleft lip and palate in child, [McEvitt] 1635—ab
blood plasma for use in rheumatoid arthritis, 1058
blood sugar level during, 1443
complications: acute urinary retention; gradual emptying of bladder, [Holmes] 428—C; (reply) [Hymes] 1620—C
complications: breast cancer, [Remold] 524—ab
complications: corticotropin and Rh-negative mother, (reply) [Hunter] 1550
complications: diabetes, [Hurwitz] 1540—ab
complications: diabetes and prediabetes, [Kade] 728—ab
complications: diabetes, clinic for diabetics, New York, 1318
complications: diabetes, retinal findings, [Snyder] *820—ab
complications: hepatosplenomegaly and maternal rubella, [Watson] 251—ab
complications: Hodgkin's disease, [Nagel] 1348—ab
complications: infectious hepatitis, effect on fetus, (reply) [Kellogg] 630
complications: intracranial hemorrhage, [Colmetro-Latoret] 1731—ab
complications: lupus erythematosus, 1360
complications: measles, effect on fetal life, Sweden, 811
complications: mitral commissurotomy during, [Cooley & Chapman] *1133
complications: myasthenia gravis, 527
complications: rheumatic heart disease, [Poppi] 161—ab
complications: rubella, patent ductus arteriosus in child, 419—E; [Shapiro] 1512—C
complications: smallpox in mother; cataract in child, [Jelliffe] 162—ab
complications: specific hypertensive diseases, factors affecting infant mortality, [Wellen] 1340—ab
complications: syphilis, 1446
complications: syphilis (congenital), 64
complications: syphilis, positive serologic reactions, 765—ab
complications: toxoplasmosis, cause of chorioretinitis, cerebral calcification and microcephaly in child? 1444
complications: vaginal trichomoniasis, [Aguero] 524—ab
diagnostic test, death of rabbits after, (reply) [Ducey] 258
diethylstilbestrol given during: cause nevus flammeus and superficial telangiectasis in child? 1646
ectopic, management: severe shock and massive intraperitoneal hemorrhage, [Pisani] 1153—ab
ectopic, new etiological factor: penicillin therapy in inflammatory pelvic disease, [Krohn & others] *1291
Emergency Maternity and Infant Care Program: See Emergency
eyes in: dark adaptation, [Landau] 1728—ab
Interruption of: See Abortion
Multiple: See Twins
one ovary and chances for procreation, 630
Rh factor, factor A and hemolytic disease, [Phanomboon] 624—ab
Rh-negative women, cortisone prevents fetal erythroblastosis, [Anderson] 1638—ab

PREGNANCY—Continued
Rh-negative women, no substance prevents formation of Rh antibodies, 628
Rh-sensitized women, pranone and ACTH therapy, [Holmstrom] 156—ab
Syphilis in: See Pregnancy, complications
Toxemia of: See also Eclampsia
toxemia of, retinal findings in, [Snyder] 820—ab
treatment of osteoarthritis with extract from pregnant mammalian liver, 1163
Urine, Hormone Excreted in: See Gonadotropins, chorionic
weight gain during, [Turner] 516—ab
PREMATURE Infants: See Infants, premature
PREMEDICAL Work: See Education, Medical
PRENATAL: See Fetus; Pregnancy
Injuries: See Medicolegal Abstracts at end of letter M
PRENTISS Award: See Prizes
PREOPERATIVE: See Surgery
PREPAREDNESS, Medical: See Medical Preparedness
PREPAYMENT Plans: See Hospitals, expense insurance; Medical Service Plans
PRESCRIPTIONS
levy under National Health Service, England, 1617
number supplied under National Health Service, England, 1508
PRESIDENT'S COMMISSION ON HEALTH NEEDS OF THE NATION
Bureau report, 915
why Dr. Magnuson accepted chairmanship of, 1509—C
PRESIDENT'S HIGHWAY SAFETY CONFERENCE
A.M.A. Bureau cooperation with, 921
PRESS
relations of A.M.A., 900
relations meeting of Vermont State Medical Society, 1412
PRESSURE
intermittent positive, for poliomyelitis, [Baumeister] 723—ab
intermittent positive pressure breathing in emphysema of chronic lung diseases, [Smart & others] *1385
Negative: See also Suction
negative, employed in exsufflator to remove sputum, [Barach & others] *1340
pressurization of cabin in rocket flights, [Campbell] *8
PREVENTIVE MEDICINE
American Board of: See American Board
fellowships in, by National Foundation for Infantile Paralysis, 1229
PRISCOLINE: See Benzazoline
PRISONERS
A.M.A. resolutions disapproving participation in scientific experiments, 1699
of war, international discussion on holding medical personnel as, Belgium 604
receive awards for their part in experiments on malaria, 603
PRIVILEGED COMMUNICATIONS: See also Medicolegal Abstracts at end of letter M
psychiatric communications privileged; opinion filed in case of Samuel Binder vs. Nathaniel S. Rutell, 1231
PRIZE FIGHTING: See Boxing
PRIZES: See also Fellowships; Lectures; Scholarships
Academic Duchenne de Boulogne, offered in France, 145
American Cancer Society, 223; 1497
American College of Chest Physicians offer award, 1230
American Dermatological Association, prize essay contest open, 198
American Diabetes Association Prize ($250) for paper, 1023
A.M.A. General Practitioner's Gold medal to Dr. John M. Travis, 1492—E; 1676
A.M.A. Section on Ophthalmology, "Medal for Outstanding Contribution to Ophthalmology 1952," 40
American Medical Writer's Association, 1321
Ashford (Bailey K.), 1504
Association of Connecticut Tumor Clinics, 1125
Awards for Distinguished War Service: See Korean War, Heroes
Belgium government, award for African sleeping sickness cure, 1229
Blakeslee (first annual), 1229
Borden Company Foundation, 1497
Chicago Board of Health awards for saving baby of poliomyelitis victim, 699
Ciba award, 1321
Civic award to Dr. Ada Hatcher, Calif., 1493
Commendation for War Service: See Korean War, Heroes
Dearholt, 1606
Endocrine Society, 1321
Fiske (Caleb) Fund, 700
Founders Medal of Association of Military Surgeons, 1497
Franco, Spain, 1033
Gerhard Gold Medal, 1495
Georgetown University Awards, 800
Gorgas Medal, 1497
Hofheimer Prize: psychiatric research, 1130
PRIZES—Continued
International Academy of Proctology, 1229
Kappa Kappa Gamma, Cancer Research Award, 1125
La Presse Médicale, 1609
Mendel, 1412
Mississippi Valley Medical Society, (12th annual essay contest) 226; (Distinguished Service Award) 944; (open 1953 essay contest) 1608
National Gastroenterological Association gold keys, 1412
Osborne, 1412
Paul-Lewis Laboratories Award in enzyme chemistry, 1504
Pennsylvania Public Health Association Award Pa., 1496
Prentiss (Elisabeth S.) award in health education, 1497
prisoners to receive awards for experiments on malaria, 603
Rochester Academy of Medicine, 1606
Rush (Benjamin) Award, 1607
Seaman, 1497
Sedgwick Memorial Medal, 1230
Squibb Institute for Medical Research, 1321
State University of New York alumni medallion, 225
Van Meter Award, 1130
Washington Psychiatric Society, D. C., essay contest, 1495
Wellcome (Sir Henry) Award, 1497
PROCAINE AMIDE HYDROCHLORIDE (Pronestyl)
effects on heart, [Zapata-Díaz] 614—ab
treatment of skeletal pain, [Traut] *785
PROCAINE HYDROCHLORIDE
Penicillin: See Penicillin
treatment of Ménière's syndrome any value? 528
treatment of skeletal pain, [Traut] *785
PROCTOLOGY: See Rectum
American Board of: See American Board
PROFESSIONAL SECRECY: See Privileged Communications
PROFESSIONS: See Dentistry; Medicine; Nurses and Nursing
PROGESTERONE
effect in chronic hepatic disease, [Havens] 1251—ab
with procaine hydrochloride, aqueous suspension, N.N.R., (Rio-Intrasol) 219
PROGUANIL: See Chloroguanide Hydrochloride
PROJECTILES: See Ballistics
PROLAPSE: See Spine, intervertebral disk; Stomach
PRONESTYL: See Procaine Amide Hydrochloride
PROPAMIDINE
treatment of blastomycosis, [Miller & others] *35
PROPHENPYRIDAMINE (trimeton)
appraisal of topical use, [Ellis & Bundick] *774
PROPTHEXEDRINE (benzedrex)
N.N.R., (description) 1220; (Benzedrex, Smith Kline & French) 1220
PROPYLTHIOURACIL
treatment of goiter and hyperthyroidism, [Irwin & others] (correction), 500
treatment of hyperthyroidism, [Mazzei] 731—ab
U.S.P., N.N.R., (Raymer) 1405
PROSTATE
cancer, adrenalectomy for, [Smith] 728—ab; [West] 1628—ab
cancer, bone marrow aspirations in diagnosis of early metastasis, [Clifton] 1426—ab
cancer in infants and children, [Griswold] *791
cancer, new diagnostic test with morpholinoethylphosphate, Paris, 1033
fluid, antibacterial substances in, [Taylor] 619—ab
Inflammation: See Prostatitis
obstruction, surgery in aged, London, 1715
Surgery: See also Prostatectomy
surgery, bladder irrigation during transurethral resection, 1550
PROSTATECTOMY
retropubic, [van Essen] 1351—ab
retropubic (extravesical), [Boeminghaus] 732—ab
PROSTATITIS
chronic, effect on spermatozoa count, 737
Reiter's syndrome, prostatovesiculitis, and abacterial infectious pyuria, [Romanus] 1545—ab
PROSTHESIS: See Limbs, Artificial; Teeth, artificial
PROSTIGMINE: See Neostigmine
PROTAMINE
heparin, titration (Allen), evaluation of clotting tests, [Friedman & others] *83
PROTEIN: See also Albumin; Amino Acids; Lipoproteins; Meat
biosynthesis of hemoglobin, 1223—E
concentrate in fat emulsion given by mouth, gastrostomy, and jejunostomy, [Goldberg & others] *1665
dietary, effect on liver injury due to carbon tetrachloride in dogs, [Bardawill] 519—ab
functions of ferritin, 36—E; (correction) 1025
fungi transform nutritionally valueless substances into high-protein foods, 1408—E
PROTEIN—Continued
in Blood: See Blood
metabolism, growth, and wound healing [Boland] *1281
nutrition in surgery, 141—E
Sensitivity: See Allergy
PROTEUS
bacteremia caused by, chemotherapy and antibiotics for, [Herrell] *1451
PROTHROMBIN: See Blood prothrombin
PROTONS
protonic microscope, Paris, 152
PRURIGO
treatment, nicotinamide ointment, [Dainow] 1052—ab
PRURITUS
treatment, topical use of antihistamines, [Ellis & Bundick] *773
vulvae as seen in dermatological practice, [Lynch] *14
PSEUDARTHROSIS
formation of, in long tubular bones, [Scheffel] 1347—ab
PSEUDOHERMAPHRODITISM: See Hermaphroditism
PSEUDOIMMUNITY
postmortem 20 years after bilateral mastectomy, [Ficarra] *478
PSEUDOMONAS
aeruginosa, bacteremia caused by, chemotherapy and antibiotics for, [Herrell] *1451
aeruginosa, in otitis externa: value of antibiotic sensitivity tests, 1408
PSITTACOSIS: See also Ornithosis
pseudotuberculous symptoms, [Gröbli] 730—ab
PSORIASIS
diencephalon disease and, Paris, 1210
with arthropathy treated with "butapyrin," [Steinbrocker & others] *1687
PSYCHE: See Personality; Psychiatry
PSYCHIATRISTS
obligations and opportunities, [Luton] *529
PSYCHIATRY: See also Hospitals, psychiatric; Mental Disorders; Mental Hygiene; Neuropsychiatry; Psycho—
American Board of: See American Board
American Psychiatric Association program, papers for, 499
communications privileged: opinion filed in case of Samuel Binder vs. Nathaniel S. Rutell, (Committee report) 1231
course in, by Veterans Administration, 603
forensic, subcommittee on, (Committee report) 914
graduate training program acceptable by American Board, (Council report) *377
in general practice, course in, Wis., 1607
Institute of U. of Maryland, dedicated, 1494
military, current problems, [Glass] *6
new era of medicine, 1004—ab
pediatric, lectures on, 41
psychic changes as result of using ACTH and cortisone, [Boland] *1287
psychic effects of sex hormones, [Hauser] 623—ab
referral service, Ohio, 225
research prize: Hofheimer, 1130
residency program, Calif., 1619
state health department withdraws from psychiatric field, Neb., 224
symptoms associated with lesions of temporal lobe, [Mulder & Daly] *173
unit for children, Minn., 1409
Washington Psychiatric Society, essay contest D. C., 1493
PSYCHOANALYSIS
Institute for 20th anniversary, Ill., 422
PSYCHOLOGISTS
clinical, licensure or certification, 891; (recommendations of A.M.A. Committee on Mental Hygiene) 1686; 1687
PSYCHOLOGY: See also Psychosomatic Medicine
factors in pruritus vulvae, [Lynch] *14
Pathologic: See Psychiatry
status of, survey, by American Psychological Ass'n., 1321
PSYCHOMOTOR Epilepsy: See Epilepsy
PSYCHOPATHIC
Hospitals: See Hospitals, psychiatric
PSYCHOSES: See also Mental Disorders
paranoid, and other types in older persons, [Madden & others] *1567; *1569; *1570
reactions to antabuse from alcohol in cough syrup, [Fiske] *1110
reactions to corticotropin and cortisone, [Tourney] 1249—ab
treatment, adrenal cortical substance: dehydroisoandrosterone, London, 1420
treatment, intracerebral injections, [Absly] 829—ab
PSYCHOSOMATIC MEDICINE
American Psychosomatic Society program, papers for, 701
concept of, London, 950
disorders and nonpsychiatrist, [Lewis] *776
PSYCHOSURGERY: See Brain surgery
PSYCHOTHERAPY: See also Hypnosis
American Group Psychotherapy Ass'n., 1710
interviews and galvanic skin response, [Seitz] 1148—ab
of asthma, [Abramson] *569
PUBERTY
Precocious: See Adolescence

PUBIC REGION
hair on, in 6 year old girl, 1645
PUBLIC HEALTH: See Health, public
PUBLIC RELATIONS
A.M.A. Public PR Institute in Chicago, 495
A.M.A. program, 906
Conference, (5th annual) 1018; **(program)** 1224
PUBLIC SCHOOLS: See Schools
PUBLIC SPEAKING: See Speakers
PUERPERIUM
postpartum cervix, [Moore & Hill] *1187
postpartum depression: electric shock or minimum stimulus given by Reiter Electrostimulator for, (reply) [McCartney] 66
postpartum hemorrhage, control, [Myller] 153—E
repair obstetric soft tissue damage immediately post partum, [Douglass] *1061
sustained bacteremia with pleuropneumonia-like organisms in postpartum patient, [Slingerland & Morgan] *1309
PUERTO RICO, University of: See University
PUGH, LAMONT, unjustified criticism of physicians and dentists, 1312—E
PULMONARY: See Lungs
Arteries: See Arteries, pulmonary
Embolism: See Embolism
Emphysema: See Emphysema
Heart Disease (cor pulmonale): See Heart hypertrophy
Tuberculosis: See Tuberculosis of Lung
Veins: See Veins, pulmonary
PULMONARY VALVE
stenosis and atresia, surgery for, [Dry] *22
stenosis, surgery for, (Brock's method) [Muller] 1429—ab
stenosis with open foramen ovale, [Johnson] 1718—ab
PULSE
estimate blood pressure by feeling the pulse, [Cole] 724—ab
wave recordings (piezograms) to predict vascular accidents in mildly hypertensive patients, [Meyer-Heine] 1352—ab
PUMP
oxygenator, extracorporeal oxygenation with, (Helmsworth & others] *451
temporary mechanical substitute for left ventricle in man, [Dodrill & others] *642
PUNCTURE: See Heart; Lungs; Pericardentesis; Spinal Puncture; Spleen; Sternum
PUPILS (eye)
Argyll Robertson syndrome and suprasellar tumor, (Fania] 1257—ab
PUPILS (students): See Children, school; Students
PURPURA
etiology: bishydroxycoumarin, [Verhagen] 1259—ab
necrotica, after ingestion of cinchophen, [Larrain] 1641—ab
thrombogenic, hemostatic defect in thrombocytopenia, [Falson] 819—ab
thrombopenic (idiopathic), corticotropin and cortisone in, [Wasson] 819—ab; [Meyers] 1536—ab
thrombopenic (idiopathic); pathogenesis; thromboscytopenic factor; platelet transfusion, [Sprague & others] *1193
thrombopenic (splenogenic), clotting tests in, [Freedman & others] *83
PUS: See also under names of specific diseases as Osteomyelitis; Pelvis abscess
aspiration of, through Douglas pouch, [Tupper] 1349—ab
in Urine: See Pyuria
PYELOGRAPHY
retrograde renal pneumography with, [Duff] 1151—ab
PYLORUS
stenosis after hydrochloric acid ingestion; hepatitis developed, [Baker & Speiberg] *1442
transpyloric prolapse of gastric mucosa, [Rappaport & others] *182
PYRANISAMINE Maleate: See Pyrilamine
PYRAZINAMIDE (aldinamide)
treatment of pulmonary tuberculosis, [Yeager] 56—ab
treatment of tuberculosis, [Carr] *1171
PYREXIA: See Fever
PYRIBENZAMINE: See Tripelennamine Hydrochloride
PYRILAMINE MALEATE (neoantergan)
appraisal of topical use, [Ellis & Bundick] *273
N.N.R. (Raymer) 219
PYRIMETHAMINE
new antimalarial, London, 712
PYURIA
abacterial infectious, in Reiter's syndrome, [Romanus] 1545—ab

Q

Q FEVER
development of antibodies in man, [Lennette] 246—ab
QUARANTINE: See Foot and Mouth Disease
QUARTERLY Cumulative Index Medicus: See American Medical Association
QUARTZ
Lamp: See Ultraviolet Rays
QUESTIONNAIRE
on how much otolaryngology should be taught general practitioners, [McCaskey] *67
QUICK Prothrombin Time: See Blood, prothrombin
QUINACRINE (atabrine; meparrine)
diagnosis of tumors, [Cramer] 1640—ab
vs. camoquin treatment of malaria, [Singh] 1435—ab
QUINIDINE
routine use in acute myocardial infarction, [Cutts] 1151—ab
QUINOLINE: See Chloroquine

R

RABBIT FEVER: See Tularemia
RABBITS
death of, after pregnancy diagnostic test, (reply) [Ducey] 258
RABIES
death from, (Tenn.) 945; 1308—ab
death from, in child, Texas, 1607
vaccination for poliomyelitis, [Milzer] 509—C
virus, chick-embryo-adapted; for immunization of dogs, [Koprowski] 1044—ab
RACES (ethnology): See Aborigines; Jews; Negroes
RACES (foot)
physiological limits for running, 593—E
RADAR
not cause of cataracts, 528
RADIATION: See also Diathermy; Radioactive Isotopes; Radium; Roentgen Rays; Ultraviolet Rays
dosage in cervical cancer, [Porter] 1252—ab
ionizing, chemical protection against, Belgium, 236
therapy, amateur in, 480—ab
therapy for bronchogenic carcinoma, [Adelman] 1727—ab
therapy, lead chessboard sieve in, [Jolles] 1542—ab
therapy, 1,000 Curie Cobalt units for, [Johns & others] 829—ab
therapy, visual aid in teaching; narrow beam of light, [Cohen & Rosh *1306
RADICULITIS: See Sciatica
RADIESTHESISTES
study of paranormal phenomena by Belgian Committee, 1615
RADIO: See also Television
Frequency Energy Apparatus: See Diathermy
series on rural health available from A.M.A.'s Bureau, 698
RADIOACTIVE
elements in urine, determine gastric acidity by, [Maurer] 523—ab
Gold: See Gold
Iodine: See Iodine, radioactive
Isotopes: See also Atomic Energy
isotopes, course in, (U. S. Navy) 948; (Oak Ridge Institute) 1709
isotopes in intracranial tumors, [Davis] 1536—ab
isotope laboratory for treating blood dyscrasias, N. Y. 1709
isotope laboratory for treating thyroid conditions, N. Y., 1495
isotopes techniques, course in, 144
isotopes tracers, biosynthesis of hemoglobin, 1223—E
Phosphorus: See Phosphorus
RADIOIODINE: See Iodine, radioactive
RADIOLOGY: See also Radiation
American Board of: See American Board
British Institute of, London, Dec. 4-5, 1025
Colombian Congress of (2nd), 1419
fiberglass gowns for radiologists, 1059
health courses, (Ohio) 423; by USPHS) 1327
Inter-American Congress of, Mexico City, Nov. 2-6, 946
safety, course in, 702
RADIOTHERAPY: See Radiation therapy
RADIUM
Emanation: See Radon
irradiation of retinoblastoma, [Stallard] 522—ab
leukemia and other malignant diseases in physicians from, [Peller] 1426—ab
RADIUS
fractures (comminuted) of distal end, ulna pinning in, [DePalma] 824—ab
RADON
irradiation of retinoblastoma with, [Stallard] 522—ab
RAILROADS
Pennsylvania Railroad appoints medical officer, Dr. N. J. Roberts, 229
RAMON Y CAJAL, S. R.
program honoring, Chile, 150
RATS
leptospirosis in man, 1406—E
poison, thallium intoxication in children, [Frank & Hirsch] *588
RAYNAUD'S DISEASE
etiology; using vibratory tools, [Hoerner] 515—ab
RAYS: See Radiation
READER Performance Survey on *Today's Health*, 894
REASONING: See Thinking
RECREATION: See Physicians, avocations
RECRUITS: See Medical Preparedness
RECTUM: See also Anus
Administration by: See Enema
cancer, cytological studies in, [Bader] 1428—ab
pain, [Hill] *579
surgery, ileoproctostomy in various colon lesions, [Best] *637
surgery, reestablishing continuity after removing ampulla of rectum, [Champeau] 1048—ab
Varix: See Hemorrhoids
RECUPERENCY: See Convalescence
RED CELLS: See Erythrocytes
RED CROSS
International Committee on identification of medical and religious personnel in armed forces, 604
RED CROSS, AMERICAN
A.M.A. Committee on Blood Banks report, 1696; 1698
gamma globulin as prophylactic for poliomyelitis, [Hammon & others] *739; *750; *757; 786—E; (A.M.A. Reference Committee report) 1697
REDUCING Treatment: See Obesity
REED-KEOGH BILL
A.M.A. Bureau report, 914; 925
A.M.A. resolutions on, 892; 1684
physician employed part-time under, 1549
REFLEX
sympathetic dystrophies, management of intractable pain, [Bonica] *1585
REFRIGERATORS
"freon" poisoning, 1360
REFUSE
raw garbage and trichinosis, 709
REGENERATION: See Bladder; Spinal Cord
REGIONAL ENTERITIS: See Intestines Inflammation
REGISTRY: See Cardiovascular Disease pathology; Sarcoma
REGITINE: See Phentolamine
REHABILITATION
American Board of: See American Board
A.M.A. Council on Physical Medicine and: See American Medical Association
beach opened for disabled, New York, 143
center (new), Ohio, 1411
child, seminars on, New York, 700
conference, Indiana, 1125
conference, New Jersey, 497
employment of handicapped, 592—E
employment of rehabilitated persons, Ill., 1019
multipurpose brace: useful adjunct in, [Snow] *827
National Rehabilitation Association, annual conference Oct. 19-23, 701
of cardiac patients, 3 booklets available, 1408
of patients with cerebrovascular accidents, incorrect statements, [Benton] 1423—C
pays dividends; gainful employment of patients, [Rusk] *837
REICHSTEIN'S COMPOUND S
clinical use, [Bolland] *1281
REISS Memorial Lecture: See Lectures
REITER ELECTROSTIMULATOR
use in electric shock treatment, (reply) [Lemerer] 1342
use in postpartum depression, (reply) [McCartney] 66
REITER'S SYNDROME
treatment, corticotropin, [Goldeck] 1347—ab
RELAXANTS: See Muscle relaxants
RELIGIOUS PERSONNEL in armed forces, identification of, Belgium, 604
REMEDIES: See Drugs; Self-Medication
REMUNERATION: See Fees; Wages
RENAL: See Kidneys
RENZIBRAUSEN Memorial Lecture: See Lectures
REPRODUCTION: See Pregnancy; Sterility
RESEARCH: See also Animal Experimentation; Patents; Science; under specific headings as Cancer
clinical, masterpiece of; Dr. W. Withering and digitalis, 72—ab
dogs for, 894
Fellowships: See Fellowships
Foundation: See Foundations
Grants for: See also Foundations
grants for, by A.M.A., 904
grants for, by Nutrition Foundation, Inc., N. Y., 1495
grants for, total amount given to medical schools in 1952-1953, (report) *122; *123
human experimentation in, A.M.A. resolution on using inmates of penal institutions, 1699
human experimentation in, awards to prisoners for malaria treatment, 603
human experimentation in medicine, Paris, 426
medical, clinical center for, United States Public Health Service, [Topping] *541
Medical Research Council: See Medical Research Council
National Research Council: See National Research Council
Prizes for: See Prizes
workers, fatal hazards in, 1621
RESERVE OFFICERS: See Armed Forces; Navy, U. S.
RESIDENTS AND RESIDENCIES: See also Pel-American Airlines residency in aviation medicine, 499
A.M.A. resolution on apparent injustices and inequalities, 1702

V 1
195

RESIDENTS AND RESIDENCIES—Continued
approved in U. S., *275; 418—E
approved, list of according to specialties, (Council report) *361; (corrections) 619; 1245
available at Veterans Hospital, Dayton, O., 1137
by type of hospital control, (Council report) *281
deferment of priority 3 physicians to serve as hospital residents, 1503
first, in surgery at Johns Hopkins inaugurated by Dr. Halsted, [Blalock] *1882
graduate training, requirements by American Board of Obstetrics and Gynecology, *592
in general practice at Presbyterian Hospital, Pa., 1496
number, September 27, 1952, page 275
number by specialties, (Council report) *27; *280
problem, positive approach to, 419—E
psychiatric program, Calif., 1019
RESINS
cation exchange, in arterial hypertension, [Gill] 1430—ab
cation exchange, in congestive heart failure, [Voyles] 250—ab
cation exchange, to treat water and sodium chloride retention, [de Gennes] 1157—ab
RESPIRAIR Portable Plastic Respirator, 1489
RESPIRATION: See also Inhalators
Artificial: See also Respirators
artificial, Back Pressure Arm Lift Method (film review), 511
artificial, Schafer and Nielsen methods compared, [Alfenas] 1351—ab
Disorders: See Apnea; Asphyxia
forced expiration and forced inspiration: new roentgen technic in asthma, [Jiménez Díaz & others] *1297
hyperventilation, apparatus for producing, in hiccups, [Gigot & Flynn] *702
intermittent positive pressure breathing in emphysema of chronic lung diseases, [Smart & others] *1385
minute volume, effect of thiopental sodium combined with other anesthesia, [Paulson] *953
RESPIRATORS: See also Respiration, artificial
negative pressure in, use as exsuffator, [Barach & others] *1380
patient in, remote secretion from pharynx with suction, [Galloway] 1512—C
Respirair Portable Plastic Respirator, 1489
standard for care of poliomyelitis patients in, New York, [Baumgartner] 607—C; [Galloway] 1512—C
RESPIRATORY METABOLISM: See Metabolism, basal
RESPIRATORY SYSTEM: See also Bronchus; Lungs; Pleura
Disease: See also Bronchiectasis; Laryngotracheobronchitis; Pneumoconiosis
disease (suppurative), Pasteurella multocida in: penicillin treatment, [Olsen] 819—ab
Infection: See also Colds; Influenza; Pneumonia; Tuberculosis of Lungs
infection, chemotherapy and antibiotics, [Romansky & Kelser] *1447
infection, electric blankets will not increase susceptibility to, 736
infection, prevent with oral parenteral vaccine or even autogenous vaccine, 257
infection, repeated, 1362
involvement in cystic fibrosis or pancreas, (mucoviscidosis), 1407—E
RESPONSIBILITY: See Malpractice
REST: See Sleep
RESTLESS LEG SYNDROME
jitter legs, 1446
RESUSCITATION: See also Respiration, artificial; Respirators; Resuscitators
cardiac arrest and, during repair of diaphragmatic hernia in infant, [Volk & others] *213; (correction) 1322
emergency, 91—ab
RESUSCITATORS
tentative minimal requirements for acceptance, (Council report) *695
RETICULOCYTES
Brill-Symmers disease a reticulosis, [Schorlager] 831—ab
RETICULOHISTIOCYTOMA
benign dermal neoplasms, [Montgomery] *1183
RETICULOSIS: See Reticulocytes
RETINA
diabetic retinopathy, [Friedenwald] *969
diabetic retinopathy, control diabetes to prevent, [Kelding & others] *964
diabetic retinopathy, pathogenesis, [Gaida] 1254—ab
diencephaloretinal degeneration (Laurence-Moon-Biedl-syndrome), [Best] 1730—ab
findings in pregnancy complicated by diabetes and toxemia, [Snyder] 820—ab
hypertensive retinopathy, 835
RETINOBLASTOMA
treatment, irradiation with radium, radon or roentgen rays, [Stallard] 522—ab
RETINOCHOROIDITIS: See Chorioretinitis
RETIREMENT
A.M.A. resolutions on Reed-Keogh bills, 892; 1644
Keogh-Reed bills, Bureaus report, 914; 925
RETIREMENT—Continued
physician employed part-time under Keogh-Reed bills, 1549
plans (Individual), tax deferment for, 898
RETROLENTAL Fibroplasia: See Lens, Crystalline
RETROPNEUMOPERITONEUM: See Pneumoperitoneum
RETROPUBIC Prostatectomy: See Prostatectomy
REULING, JAMES R., Speaker of House of Delegates, remarks by, 1676; 1678
REWARDS: See Prizes
Rh FACTOR: See also Erythroblastosis, Fetal
corticotropin and Rh-negative mother, (reply) [Hunter] 1550
cortisone given in pregnancy to prevent erythroblastosis fetalis, [Anderson] 1638—ab
factor A and hemolytic disease, [Phanombeon] 621—ab
green teeth in Rh positive infant, [Hackett] 1544—ab
in pregnancy, 1144
incompatibility and habitual abortion, [Mayr] 1155—ab
no substance can be given to Rh negative women to prevent formation of, 628
sensitized pregnant women, pranone and ACTH for, [Holmstrom] 156—ab
RHABDOMYOSARCOMA
number of cases reported; treatment, 1266
of prostate in child (case 1), [Griswold] *791
RHEUMATIC FEVER
begins early in life and continues during patient's entire life cycle, Israel, 1328
Cardiac Conditions: See Heart disease; Heart inflammation
climate, 256
during first 5 years of life, [Logue] 615—ab
Massed Research Foundation on, N. Y., 1227
prevention, new repository penicillin (Bicillin), [Stollerman & Rusoff] *1571
program, W. Va., 226
seminar, Illinois, 1020
treatment, chemotherapy and antibiotics, [Herrell] *1455
treatment, corticotropin, bleeding gastric ulcer in child after, [Busby] 1431—ab
treatment, corticotropin, cortisone and salicylates, international study on, 1024
treatment, corticotropin in initial attacks, [Kelley] 1144—ab
treatment, cortisone-corticotropin, [Young] 817—ab; Bunim & others] *1273
treatment, cortisone, London, 686
RHEUMATISM: See also Arthritis
Acute Articular: See Rheumatic Fever
chronic, implant thyroid for, Paris, 506
Desert: See Coccidioidomycosis
Italian Society of Rheumatology, 1616
Society of Uruguayan Rheumatologists, 1711
treatment, cortisone, 1616
treatment, procaine hydrochloride and procaine amide hydrochloride, [Traut] *785
treatment, sodium gentisate, [Rosenberg] 719—ab
RHEUMATOID ARTHRITIS: See Arthritis, Rheumatoid
RHINITIS
allergic, 1098—ab
Vasomotor: See Hay Fever
RHODE ISLAND
state disability benefits laws, comparative analysis, [Farrell] *855
RIBS: See also Sternum
biopsy in marrow disorders, [Hutt] 1435—ab
graft strut to repair funnel chest, [Dailey] *1203
Intercostal neuralgia after sympathectomy, 630
scapulocostal syndrome; subscapular injection of intracaine for, [Russek] *25
RICE
Rice and Health (film review), 428
RICKETS
vitamin D and, 1297—ab
vitamin D-resistant, 1359
RICKETTSIA: See Q Fever; Rocky Mountain Spotted Fever
RICKETTSIEMIA
antibiotic treatment, [Herrell] *1452
RIGLER Lecture: See Lectures
RIMIFON: See Isoniazid
RINGLING BROTHERS CIRCUS
no drug addicts in, [Roberts] 951—C
RINGWORM: See Tinea
ROAD Accidents: See Automobile accidents
ROBINSON-POWER-KEFLER TEST
of adrenal cortical function in sprue, [Díez Rivas & others] *617
of adrenal cortical insufficiency, 1358
ROCHESTER
Academy of Medicine Prize: See Prizes
ROCKEFELLER Foundation: See Foundations
ROCKET Flights: See Aviation
ROCKY MOUNTAIN SPOTTED FEVER
treatment, cortisone and chloramphenicol, [Workman] 826—ab
RODRIGUEZ CANDELA, J. L., awarded Franco prize, Spain, 1033
ROENTGEN RAYS
chemical protection against, Belgium, 236
Diagnosis: See also Roentgen Rays examination
diagnosis of duodenal ulcer, [Ferolla] 1541—ab
ROENTGEN RAYS—Continued
diagnosis of osteoarthritis of cervical spine, 1445
diagnosis of placenta praevia, 1593—ab
diagnosis of silicosis, some problems in, [Pendergrass] *1178
diagnosis, retroperitoneal insufflation in, [Sansone] 831—ab
effect on leukocytes, in clinical disorders, [Lawrence & others] *455
Examination: See also Arteries; Gallbladder; Pneumography; Pyelography; Roentgen Rays, diagnosis; Thorax; Urography; Veins
examination in bronchial asthma, new technic, [Jiménez Díaz & others] *1297
examination, Iodion, [Irwin] 1147—ab
examination (periodic) of teeth, 528
exposure to, cause of leukemia, [Sturgis] *1552
exposure to, cause of leukemia and other malignancies in physicians, [Peller] 1426—ab
exposure to (maximum permissible), [Stone] 60—ab
fluoroscopy in diseases of chest, [Peabody] *1471
fluoroscopy; safe length of time each week for physician to use? 1164
genetic aspects of exposures to, 176—ab
Irradiation: See Roentgen Therapy
protection against, role of spleen and bone marrow, 1673—E
protection against, with fiberglass gown, 1059
ROYAL: See also British; Great Britain
You can be safe from X-rays (film review), 1143
ROENTGEN THERAPY
bone sarcoma after irradiation with, [DeYoung] 1427—ab
combined with nitrogen mustard after surgical treatment, of lymphosarcoma of gastrointestinal tract, [Lockwood] *435
given by skin specialists produce cancers? [Sulzberger] 612—ab
of bursitis, (reply) [Swyer] 738
of leukemias, [Osgood & Seaman] *1372; [Sturgis] *1555
of Marie-Strümpell arthritis, [White] 1251—ab
of pituitary adenomas, [Aitken] 1253—ab
of retinoblastoma, [Stallard] 522—ab
of uterus cancer, fractures of femoral neck after, 531—ab
preoperative, in breast cancer, [Kaae] 1541—ab
rotatory irradiation, [Barth] 1159—ab
third generation follow-up in woman receiving pelvic irradiation, [Rubin] *207; (replies) Russell] 1619—C; [Warren & Hicks] 1620—C; [Newell] 1620—C
total irradiation in leukemia, [Sturgis] *1555; *1556
transverse band pigmentation of fingernails after, [Sutton] *210
visual aid in teaching: narrow beam of light, [Cohen & Rosh] *1306
with pendular device in esophageal cancer, [Pescoll] 1159—ab
ROENTGENOGRAPHY: See Pyelography; Roentgen Rays, diagnosis; Roentgen Rays, examination
ROSENTHAL Retardation Time: See Heparin
ROUNDWORMS: See Ascariasis
ROYAL: See also British; Great Britain
Society of Medicine, (Dr. M. S. Smith-Peterson visits) 1239
RUBBER
equipment, infection from anesthetizing apparatus, [Goodman] 428—C
RUBELLA
in pregnancy, and hepatosplenomegaly in children, [Watson] 251
maternal, and patent ductus arteriosus, 419—E; [Shapiro] 1512—C
vs. measles, (reply) [Stimson] 66
RUBEOLA: See Measles
RUBIN Method: See Oviducts, insufflation
RUNNING
foot races, physiological limits for, 593—E
RUPTURE: See Hernia; under specific organs and regions as Aortic Arch; Aortic Valve; Heart; Spine, intervertebral disk
RURAL COMMUNITIES: See also Farm
A.M.A. Council on Rural Health: See American Medical Association
County Health Department: See Health
National Conference on Rural Health (7th), (report) 912
radio series on rural health available from A.M.A.'s Bureau of Health Education, 698
RUSH (Benjamin) Award: See Prizes

S

688-A: See Dibenzyline
SN 7618: See Chloroquine
SAFETY
49th National Safety Congress, Chicago, 702
National Safety Council: See National Safety Council
SAGLAM, TEVFIK, retirement, Turkey, 712
SAILORS: See also Navy; Ships
skin damage by sunlight, *p*-aminobenzoic acid to prevent, [Bell] 1432—ab

150
952

ST. LOUIS Clinical Session: See American Medical Association
SALARIES: See Wages
SALESMEN, Fraudulent: See Impostors
SALICYLANILIDE (salinidol)
N.F., N.N.R. (Deak) 219
SALICYLATES: See also Acid, *p*-aminosalicylic; Sodium salicylate
poisoning (acute) in children, 667—ab
treatment, corticotropin, and cortisone, International Rheumatic Fever Study on, 1024
SALICYLAZOSULFAPYRIDINE (azulfidine)
in ulcerative colitis, [Morrison] 515—ab
N.N.R., (description) 1671; (Pharmacia) 1671
SALINIDOL: See Salicylanilide
SALMON Lecture: See Lectures
SALMONELLA
bacteremia caused by, chemotherapy and antibiotics for, [Herrell] *1451
in Swift's canned dried egg yolk, warning, 1504
money as vector of, [Gan] 1155—ab
SALMONELLOSIS
in dogs, [Galton] 1344—ab
prophylaxis: treatment, Italy, 1329
SALT: See also Sodium chloride
diet (free), Cellu Brand unsalted boned chicken, 1488
diet (free), Diafood Brand Low Sodium Products, 1488
diet (low), bone can urine of patient be rendered alkaline? 528
diets (low), nutrient deficiencies in, [Allen] 1141—C
gin and ginger-beer with spoonful of, to overcome fatigue, London, 686
SAN JOAQUIN Valley Fever: See Coccidioidomycosis
SANITATION: See also Health, environmental, and Water in, 1696
Industrial: See Industrial Hygiene
SARCOIDOSIS
like granulomas of pituitary in pituitary insufficiency, [Bleisch] 612—ab
SARCOMA: See also Dermatofibrosarcoma; Lymphosarcoma; Rhabdomyosarcoma
associated with dermatomyositis, [Curtis & others] *514
ileocecal, rare, Turkey, 712
of bone, after roentgen irradiation, [DeYoung] 1427—ab
of Kaposi, multiple idiopathic hemorrhagic, [Montgomery] *1184
of soft tissue, [Herr] 1437—ab
Registry of Bone Sarcoma: apply for loan of, to American College of Surgeons, 804
SARGENT, JAMES C., statement by on "Doctor Draft Law," 1036; 1701
SCALDS: See Burns
SCALP
Ringworm of: See Tinea capitis
toxic encephalopathy from asterol used on, [Wilson & others] *1002
SCANDINAVIAN: See also Danish; Norwegian; Swedish
Medical Congress, Norway, 151
SCAPULOCOSTAL SYNDROME
diagnosis; treatment; subcapular injection of intracaine, [Russek] *25
SCAR: See Cicatrix; Scarification
"SCARED to Death": See Death
SCARIFICATION
superficial, to remove acne scars, (reply) [Gilges] 1268
SCARLET FEVER
increase, Mich., 496
mild form, [Medir] 1433—ab
SCHAFER METHOD: See Respiration, artificial
SCHAUMANN-Besnier-Boeck Disease: See Sarcoidosis
SCHISTOSOMA
clam diggers dermatitis, [Orris] 1625—ab
SCHIZOPHRENIA: See Dementia Precox
SCHOENBERG Lecture: See Lectures
SCHOLARSHIPS: See also Fellowships
Blodgett Memorial fund, 1605
Markle Foundation, nominations open, 701
SCHOOL CHILDREN: See Children
SCHOOLS: See also Education; Students; University; Medicolegal Abstracts at end of letter M
breakfasts free, Sweden, 811
Children in: See Children, school
National Conference on Physicians and Schools (3rd), (Bureau report) 920; 1687
of Basic Sciences: See Basic Sciences
of Nursing: See Nurses and Nursing
Premedical Work: See Education, Medical
staffs, systematic examinations for tuberculosis in, Denmark, 685
tuberculosis epidemics in two primary schools, Japan, 1359
Wisconsin Conference on Physicians and Schools (first), 597
SCHOOLS, MEDICAL: See also Education, Medical; Graduates; Students, Medical; University; under names of specific schools
academic year, length of, *105
affiliation and bed capacity, number of internships, 1951-1952, (Council report) *276; *277
approved, *105
approved, descriptive list of, in U. S. and Canada, *139
SCHOOLS, MEDICAL—Continued
approved, in Canada, *106
approved, in U. S., *106; *107
Association of American Medical Colleges, (and A.M.A. Council sponsors Committee for Survey of Medical Education) *101; (statistics on number of medical applicants and number enrolled) *119
calendars, *105
cost of attending, *124
enrollments, *105; *109; *110
faculty; vacancies on, *121; *122
Financial Support: See also subhead: Tuition
financial support, *122; 139—E; 898; 927; 1691
financial support by American Medical Education Foundation, 39
foreign, *125; (list of) *126; 927; (report) 1691
foreign, American students in, [Manlove] *1279
Graduate: See Education, Medical
in United States, 1910-1952, *110
internships required by, *115; *120
major developments in, *120
new, Jackson, Miss., 596
ownership (private and governmental) *124
Premedical Work: See Education, Medical
preparation for general practice, *119
questionnaire sent 12 schools on teaching otolaryngology, [McCaskey] *67
research grants for, total amount in 1952-1953, *122; *123
responsibilities of for other students, *109; *113
Severance Union Medical School in Seoul, requests books, journals and other help, [Ginn] 52—C; (picture showing presentation of medical literature) 1614
Statistics on, September 13, 1952, page 99
Teaching in: See Education, Medical
tuition fees, amount received from (report) *122; *123; *125
University Medical School Board Conference, 710
veterans in, *113, *115
visited by A.M.A. Council, (report) 931
SCHWITALLA Lecture: See Lectures
SCIATIC
Nerve: See Nerves, block
SCIATICA
treatment, thyroid implantation in, [Mandl] 1440—ab
SCIENCE: See also Research
Basic Sciences: See Basic Sciences
Medical: See Medicine
National Science Foundation: See Foundations
Scientia International, new journal, 1496
SCIENTIFIC Exhibit: See American Medical Association; British Medical Association
SCLERA
discoloration in ochronotic arthritis, [Cope & Kassander] *997
SCLERODERMA
treatment, 527
SCLEROSIS: See also Arteriosclerosis; Endocardium; Liver cirrhosis
sclerosing lipogranuloma, 2 cases; cortisone used in 1 case, [Galbraith & Young] *1295
Spinal: See Dorsalis
SCLEROSIS, MULTIPLE
as cervical spinal cord syndrome, [Barraquer-Bordas] 1254—ab
clinic, Washington, 1228
diagnosis; convulsions as manifestation, [Williams & others] *990
food allergy in, [Ehrentheil] 1633—ab
National Multiple Sclerosis Society, (Manual for Patients) 935
treatment, histamine, using iontophoresis (electrophoresis), 737
SCREENING: See Diagnosis
SCROTUM
sclerosing lipogranuloma, 2 cases; cortisone used in 1 case, [Galbraith & Young] *1295
SCRUBBING: See Washing
SEA: See Navy; Sailors; Ships
SEAMAN Fund: See Foundations
Prize: See Prizes
SEBORRHEA
treatment, selenium sulfide, N.N.R., (description) 1600; (Abbott) 1601
SECOBARBITAL SODIUM (seconal)
N.N.R. (Lilly) 219
SECONAL: See Secobarbital
SECTION Council: See American Medical Association, Section
SECURITY: See Social Security
SEDATIVES
for the dying, [Alvarez] *98
methorphinan hydrobromide, N.N.R., (description) 488; (Hoffmann-LaRoche) 488
SEDGWICK Medal: See Prizes
SEDIMENTATION Rate: See Blood sedimentation
SEIZURES: See Convulsions; Epilepsy
SELECTIVE SERVICE: See Medical Preparedness; Medicolegal Abstracts at end of letter M
SELENIUM
sulfide, N.N.R., (description) 1600; (selsun, Abbott) 1601
SELF-MEDICATION
overtreatment of trivial skin lesions causes increased hospital bills, [Gaul] 1511—C
SELSUN: See Selenium sulfide
SELYE Adaptation Syndrome: See Adaptation
SEMEN: See Spermatozoa
SEMINAL VESICULITIS
Reiter's syndrome, prostatevesiculitis, abacterial infectious pyuria, [Romanus] 1545—ab
symptoms; treatment, 1060
SENILITY: See Old Age
SENSATION: See Restless Leg Syndrome
SENSES: See Hearing; Vision
SENSITIVITY; Sensitization: See Allergy
SEPTICEMIA: See Bacteremia; Meningococcemia
SERODIAGNOSIS: See Syphilis; Toxoplasmosis
SEROTONIN
effect on blood pressure, [Spies & Stone] *1599
SERUM: See also Vaccine (cross reference)
Blood: See also subheads under Blood
blood, curare-like factor in, in myasthenia gravis, [Schwarz] 1639—ab
blood (human) therapeutic effects in viral jaundice hepatitis, Italy, 1032
Hepatitis: See Liver Inflammation
Plasma: See Plasma
pooled, attack rates in homologous serum jaundice, [Paine & Janeway] *200
SERVICEMEN: See also Armed Forces; Army, U. S.; Korean War; Medical Preparedness; Navy, U. S.; Veterans
A.M.A. resolution on medical care for dependents of, 1703
Readjustment Act: See G. I. Bill
SEVERANCE Union Medical College, books and journals needed, [Ginn] 52—C; (presentation of material sent; picture) 1614
SEX: See also Sterility; Sterilization, Sexual
Desire: See Libido
Function, Decline of: See Menopause
Function, Development of: See Adolescence
hereditary sexual precocity, [Jacobsen] 1043—ab
Hormones: See also Androgens; Estrogens; Gonadotropins
hormones, psychic effects, [Hauser] 623—ab
Impotence: See Impotence
Intercourse: See Coitus
Intergrades: See Hermaphroditism
Masculinization: See Virilism
Organs: See Genitals
Perversion: See Masturbation
ratio, numerical predominance of women over men in U. S., 1222—E
SEXUAL STERILIZATION: See Sterilization, Sexual
SHAW'S METHOD: See Library
SHAWNEE COUNTY, KANSAS
medical care for indigent in, (Council report) 239
SHIELD: See Mask
SHINGLES: See Herpes zoster
SHIPS: See also Navy; Sailors; Stevedore hospital, care for 33,000 patients, 48
SHOCK
Allergic: See Allergy
Electric: See Electric shock
in ectopic pregnancy, [Pisani] 1153—ab
in hemorrhagic fevers, management, [Katz & others] *1363
in myocardial infarction, [Hellerstein] 1718—ab
severe, symptom in acute progressive renal failure, [Mulrhead] 1253—ab
Therapeutic: See Convulsions, therapeutic; Electric shock treatment; Insulin shock treatment, desepciated heterologous plasma, [Largel] 1259—ab
SHOES
children's, and children's feet, London, 1508
SHOOTING: See Ballistics
SHORT WAVE: See Diathermy; Radio; Television
SHOULDER
disabilities with coronary disease, [Cady] 827—ab
hand syndrome, procaine hydrochloride and procaine amide hydrochloride in, [Traut] *785
pain, scapulocostal syndrome; subscapular injection of intracaine, [Russek] *25
painful and ankylotic periarthritis of, cortisone in, Paris, 1240
SHREDS
that appear in first glass of urine, treatment of, 629
SHUNT: See Arteries, cerebral
SIAMESE Twins: See Twins, craniopagus
SICK: See Disease, chronic; Patients
Headache: See Migraine
Transportation of: See Ambulances
SICKLEMIA: See Anemia, sickle cell
SICKNESS: See Disease
Convalescence from: See Convalescence
Insurance: See Insurance, sickness
Prevention: See Preventive Medicine
Rate of: See Vital Statistics
SIEVE
lead chessboard sieve in radiotherapy, [Jolles] 1542—ab
SIGHT: See Vision

V 1
195

SILICOSIS: See Pneumonoconiosis
SILVER
carbonate method (Hortega's) for staining tissues, [Scharenberg] 1541—ab
Star Medal: See Korean War, Heroes
SINA, Ibn: See Avicenna
SINGULTUS: See Hiccup
SINUS
Carotid: See Carotid Sinus
Sphenoid: See Sphenoid Sinus
SINUSITIS, NASAL
diagnosis in adults, [Chobot] *1480
SISAL WASTE
cortisone synthesis from, Medical Research Council report, London, 1330
SKELETON: See Bones
SKIN: See also Dermatology; Tissues
Allergy: See also Dermatitis venenata; Eczema
allergy, infectious factors in, [Chobot] *1480
Burn: See Burns
cancer, statistics on in 2,465 persons, [Hollander] 1035—C
Creams or Cosmetics: See Cosmetics
damage by sunlight, *p*-aminobenzoic acid to prevent, [Bell] 1432—ab
Dermatomyositis: See Dermatomyositis
disease, conference on bullous dermatoses, Minn., 1126
Disease (Industrial): See Industrial Dermatoses
disease (pruriginous), nicotinamide ointment for, [Dainow] 1052—ab
disease, topical use of antihistamines, [Ellis & Bundick] *773
disease, topical use of estrogens, [Shapiro] 721—ab
galvanic skin response, psychotherapeutic interviews, [Seitz] 1148—ab
Hemorrhage: See Purpura
Inflammation: See Dermatitis
Itching: See Eczema; Pruritus
lesions (trivial), self-medication increases hospital bills, [Gaul] 1511—C
Mycosis: See Chromoblastomycosis
necrosis after bishydroxycoumarin, [Verhagen] 1259—ab
pathology, fellowship in, by American Academy of Dermatology and Syphilology, 1497
Reaction: See Allergy; Dermatitis venenata; Skin test; Tuberculin
Scleroderma: See Scleroderma
sclerosing lipogranuloma, [Galbraith & Young] 1295
spotting, familial white (piebaldness) [Cooke] 1150—ab
test in toxoplasmosis, [Sabin & others] *1067
tuberculosis, isonicotinic acid hydrazide in, [Grütz] 1052—ab
tumors, benign and malignant, [Montgomery] *1182
Ulcers: See Decubitus; Ulcers
SKULL: See Cranium
SLEEP
alpha waves in electroencephalogram in movements during sleep, [Brazier] *324—ab
for good night's sleep should one lie with length of body on north-south axis? 1058
Induced: See Anesthesia
SLEEPING Sickness: See Trypanosomiasis
SLING
arm, simplified, [Karfiol] *686
SMALLPOX
eradication, Mexico, 151
maternal, and congenital cataract, [Jelliffe] 162—ab
Vaccination: See also Vaccinia
vaccination, eczema vaccinatum in father from contact with recently vaccinated child, [Root] 59—ab
vaccination, increase in number, Ministry of Health report, England, 1508
SMELL: See Odor
SMITH, KLINE AND FRENCH LABORATORIES
telecast at A.M.A. conventions, (Chicago) 39; (Denver) 873; 1018; 1313—E
SMITH-PETERSEN, M. N., at Royal Society of Medicine, London, 1239
SMITH-POTTS-GIBSON Operation: See Arteries, pulmonary
SMOKERS; SMOKING: See Tobacco
SNAKES
bite, tourniquet for, (reply) [Raynolds] 1268
bite, treatment, [Ortenburger] 725—ab; 1549
venom allergy, Brazil, 1328
SNELLEN TEST
standard, for testing school children's eyes, 257
SOAP
hexachlorophene, N.N.R., (Holcomb) 1405
soft (green) use as lubricant on blades of labor forceps? 1736
SOCIAL
Insurance: See Insurance
Security Act, Old Age and Survivor's Insurance benefits, [Bauer] 1679
security, Ecuador, 1237
security programs, medical examinations in, 898
SOCIALISM
A.M.A. resolution on concerted grass roots action against, 1699
SOCIALISM—Continued
A.M.A. resolution on International Labor Organization, 1701
welfare state, London, 237; 1508
SOCIALIZED MEDICINE: See Insurance, sickness; Medicine, socialized
SOCIETIES, MEDICAL: See also American Medical Association; under names of specific societies; list of Societies at end of letter S
A.M.A. resolution on reducing number of required meetings, 1700
actions taken by regarding Health Insurance Plan of Greater New York, Inc., [Master] *769; [Baehr] 1422—C
county, Livingston County, centennial dinner, N. Y., 1696
County, Care for Indigent: See Medically Indigent
grievance committees, A.M.A. resolution on changing name, 1698
grievance committees, (Council report) 939; 1693; [Bauer] 1679
Plans for Medical Service: See Medical Service Plans
questions submitted to Judicial Council should be presented to local society first, 1706
small exhibits for local use for sale by A.M.A. Bureau of Exhibits, 1225
Society for Renal Pathology, Paris, 152
state, library and headquarters, Texas (picture) 1128
state, malpractice insurance policy to be cancelled by Colorado, 1316
state, press relations meeting, Vt., 1412
state, should be adamant in disciplining unethical members, [Bauer] 1679
state, Walter Donaldson retires as secretary, Pa., 1128
38th Parallel Medical Society of Korea, 1418
Woman's Auxiliary: See Woman's Auxiliary
World Medical Association: See World Medical Association
"Your Doctor" film, 698
SODA
Baking: See Sodium bicarbonate
lime canisters, infection from anesthetizing apparatus, [Goodman] 428—C
SODIUM
p-aminosalicylate tablets, N.N.R., (Gold Leaf; Premo) 219; (Hexagon) 1405
bicarbonate, to make water palatable? 65
Chloride: See also Salt
chloride in water softeners, 167
chloride, sodium-calcium-exchange resins treatment in, [de Gennes] 1157—ab
citrate in vascular disease, Paris, 152
gentisate in rheumatic disease, [Rosenberg] 719—ab
Heparin: See Heparin
in Blood: See Blood
menadiol diphosphate (synkayvite), name accepted by Council, 861
retention of, desoxycorticosterone acetate and electrolyte metabolism, 1223—E
salicylate, effect of therapeutic doses on adrenal cortex, Italy, 505
salt of *p*-aminobenzoic acid to prevent skin damage from sunlight, [Bell] 1432—ab
Secobarbital: See Secobarbital
thioglycollate, Stuart's medium for gynecological swabs, [Alexander] 61—ab
Thiopental: See Thiopental
thiosulfate, intravenous, in lead poisoning, [Shiels] 1259—ab
SOIL
Histoplasma capsulatum isolated from, in Camp Gruber pneumonitis, [Furcolow] 1044—ab
SOLDIERS: See Armed Forces; Army; Korean War; Medical Preparedness; Veterans
Heart: See Asthenia, neurocirculatory
SOLUTIONS: See Fluids
SOMAGEN
fat emulsion with protein concentrate [Goldberg & others] *1665
SOMATIC
Complaints: See Psychosomatic Medicine
Development: See Growth
SOOT Lung: See Pneumonoconiosis
SORE Throat: See Throat
SOUND: See Noise
Waves: See Ultrasonics
SOUP
Diafood Brand Low Sodium Products, 1488
SOUTHERN
part of United States and incidence of rheumatic fever 256
SOUTHWEST
pollen and mold allergy in, [Swinny] *464
SPACE TRAVEL
medical aspects of flight above atmosphere, [Campbell] *3
SPASM: See also Cramps; Eyelids; Tetany
Bragard, Lasegue, and Ely tests, 737
SPASMOPHILIA: See Tetany
SPASTIC Paralysis: See Paralysis
SPASTICITY: See Paralysis, spastic
SPEAKERS: See also Speech
lay, at A.M.A. meetings, A.M.A. resolution on, 1700
SPECIALISTS: See also under specific types as Pathologists
A.M.A. resolution on participation of in emergency medical service, 891
SPECIALISTS—Continued
Certification: See American Board
increase in, Turkey, 427
SPECIALTIES: See also under types of specialties as Dermatology; Gynecology; Obstetrics; Radiology
Advisory Board for, *378
A.M.A. recognizes and approves only one certifying board in each specialty, 1705
approved residencies and fellowships in various specialties, (Council report) *391
boards requirements and general practice [Bauer] 1679
Certification in: See American Board
postgraduate continuation courses for 1953 according to, *1513
residencies by, number, *279; 280
SPECIMENS
Stuart's transport medium for gynecological swabs, [Alexander] 61—ab
SPECTACLES: See Glasses
SPEECH: See also Speakers
audiometers for diagnostic purposes, minimal requirements, (Council report) 1117
clinic, (La.) 1126; (Mass.) 1495
defect, cutting of frenulum ever justified to correct? 630
program in Tennessee, public health aspects, [Foote] *1390
tests to determine hearing impairment and disability, [Fowler] *678
SPERMATOZOA
count, effect of chronic prostatitis, 737
SPERMINE
search for, in blood to diagnose cancer, [Natali] 252—ab
SPHENOID SINUS
chronology, Spain, 1140
SPINA BIFIDA
survey, [Schwidde] 717—ab
SPINAL ANESTHESIA: See Anesthesia, spinal
SPINAL CORD
cervical syndrome; multiple sclerosis, [Barraquer-Bordas] 1254—ab
Disease: See Encephalomyelitis; Poliomyelitis
Inflammation: See also Encephalomyelitis
regeneration (functional) after transection of in animals, [Freeman] 1427—ab
Sclerosis: See Sclerosis, Multiple
tumors, Austria, 235
SPINAL PUNCTURE
dangers of lumbar puncture and jugular compression, 646—ab
SPINE: See also Ribs
ankylosing spondylitis treated with phenylbutazone and "butapyrin," [Stichnbrocker & others] *1089
arthritis (Marie-Strümpell) treated with x-rays, [White] 1251—ab
arthritis; osteoarthritis of, x-ray diagnosis; treatment, 1445
arthritis, thyroid implantation in, [Mandl] 1440—ab
Cervical: See also Spine, intervertebral disk
cervical mediastinal bronchogenic cyst and Klippel-Feil syndrome, [Bracher & Koontz] *1006
dislocation, death after diving in shallow water, 736
dislocation, traumatic chylothorax after, [Wright] 521—ab
fractures in electric shock treatment, [Funkhouser] 1429—ab
intervertebral disk, free fragment in herniation of nucleus pulposus, [Paterson] 1255—ab
intervertebral disk, headaches and facial pains in lesions of cervical disks, [Neuwirth] 1342—ab
intervertebral disk lesions in lumbosacral spine, indications for operations, [Key] 514—ab
intervertebral disk, misdiagnosis and mismanagement of early lesions, [Seil] *987
intervertebral disk (protruded), lesions simulating, [Young] 721—ab
intervertebral disk, rupture in industry, [Aitken] 1627—ab
intervertebral disk (ruptured), improved surgical treatment of low back pain due to, [Cloward] 617—ab
lumbar meningomyelocele, (reply) [Watson] 738
osteomyelitis of lumbar vertebrae due to Escherichia coli, complicating acute suppurative pneumonia, [Herfort] *1073
surgery, recurrence of gastric cancer after, 737
SPLEEN
cysts (multiple epidermoid) with polycystic kidney, [Hector] 1053—ab
Enlarged: See Splenomegaly
Excision: See Splenectomy
functions of ferritin, [Ma—E, (correction) 1025
hyperplenism, postmortem study, [Wiard] 822—ab
puncture, [Arrau] 61—ab
role (dual) in idiopathic thrombocytopenic purpura, [Sprague & others] *1196
role in protection against irradiation, 1673—E
tuberculosis with leukopenia and febrile anemia; splenectomy and streptomycin cures [Ravina] 1053—ab
SPLENECTOMY
cures tuberculosis of spleen, [Ravina] 1053—ab

150
052

SPLENECTOMY—Continued
effect on leukocytes, [Lawrence & others] *1456
in leukemia, [Sturgis] *1554
platelet transfusion prior to, in idiopathic thrombocytopenic purpura, [Sprague & others] *1193
SPLENOMEGALY
Banti's disease and portal hypertension, Belgian Society studies, 1615
hepatosplenomegaly and maternal rubella, [Watson] 251—ab
hypersplenomegalic lymphatic leukemia, [Pusateri] 1439—ab
ulcers of leg in Felty's syndrome, [Schoch] 1625—ab
SPONDYLARTHRITIS: See Spine arthritis
SPONDYLITIS: See Spine
SPONGE
Biopsy: See Urethra cancer
Gelatin: See Gelatin sponge
SPORTS: See Athletics; Swimming
SPOTTED FEVER: See Rocky Mountain Spotted Fever
SPRAY: See Insecticides
SPREADING FACTOR: See Hyaluronidase
SPRUE
tropical, adrenal in, [Díez Rivas & others] *647
SPUTUM: See also Cough
clearing passages of, with mechanical cough chamber and exsufflator, [Barach & others] *1380
clearing pharynx of, with suction, [Galloway] 1512—C
examination in chest diseases, [Peabody] *1469
SQUIBB Award: See Prizes
STAB Wound: See Wounds
STAINING
diagnosis of leprosy; how to obtain and stain the smears, [Ogden] 814—C
Hortega's silver carbonate method for tissues, [Scharenberg] 1541—ab
sulfur stains on bathtubs, 1163
STAMPS: See also Postage Stamps
commemorative Louis Pasteur stamp series, issued by Worcester Foundation, Mass., 802
STANDARD Nomenclature of Diseases and Operations: See Terminology
STAPHYLOCOCCUS
bacteremia, antibiotics and chemotherapy for, [Herrell] *1450
endocarditis, antibiotics for, [Dowling] 58—ab
infection, penicillin-resistant, [Wilson] 727—ab
infection, seminal vesiculitis, 1060
STARVATION
carbohydrate and sea water in extreme privation, 1017—E
STATE
Board: See State Board *following* disability compensation programs, [Farrell] *854
Health Department: See Health
Hospital: See Hospitals
Legislation: See Laws and Legislation
Society: See Societies, Medical
University of New York Alumni Medallion: See Prizes
STATE BOARD: See also Licensure
requiring one year internship, (report) *1120
STATISTICS: See also Schools, Medical; Vital Statistics
fellowships in, Ill., 1125
statistician in medical science, 188—ab
STEAMSHIP: See Ships
STELLATE Ganglion: See Ganglion
STEREOSCOPE
comparative values in testing school children's eyes, 257
STERILITY, BACTERIAL: See also Sterilization, Bacterial
of market cotton, (reply from Johnson & Johnson) [Henderson & Gaughran] 508—C; (reply from U. S. Food and Drug Administration) [Crawford] 508—C
STERILITY, SEXUAL: See also Impotence
Inducing: See Sterilization, Sexual
third generation follow-up in woman receiving pelvis irradiation, [Rubin] *207; (replies) [Russell] 1619—C; [Warren & Hicks] 1620—C; [Newell] 1620—C
World Congress on (first) 1710
STERILIZATION, BACTERIAL: See also Disinfection
electronic, of pharmaceutical products, Great Britain, 1420
STERILIZATION, SEXUAL
partial, induced by feeding sulfaguanidine [Rogers] 244—ab
STERNUM
Anomalies (funnel chest): See Thorax, funnel chest
fracture (spontaneous), in tuberculosis, [Bass & Small] *209
puncture fatal, [Oimer] 831—ab
STEROIDS: See also under names of specific steroids
in Urine: See Urine, 17-ketosteroids
STEVEDORE
acute anemia in, 1059
STILBAMIDINE
toxicity: fatalities, [Cohen] 1332—C
STILBAMIDINE—Continued
treatment of actinomycosis, [Miller & others] *35
treatment of blastomycosis, 65
treatment of diseases of chest, [Peabody] *1473
STILBESTROL: See Diethylstilbestrol
STING: See Caterpillar; Hornets
STIPENDS: See Wages
STOMACH: See also Gastro—
acidity, control, [Donthwaite] 1348—ab
acidity, determine by radioactive elements in urine, [Maurer] 523—ab
cancer, cytological diagnosis with Panico and Papanicolaou technic, [Sicard] 523—ab
cancer at Cleveland Clinic (1940-1945) [Brown] 1722—ab
cancer, differentiating from gastritis, [Kennedy] 1727—ab
cancer, in aged, [Holler] 1436—ab
cancer in medically treated small gastric ulcer, 5 year follow-up, [Cain & others] *781
cancer, increase, statement by Swedish Association, 507
cancer, patients, physicians, and, [Cooper] *888
cancer, recurrence after back injury and spine operation, 737
cancer, relation to benign ulcer, [Brown] 1723—ab
cancer, subnormal response to cream in, [Waldron] 1248—ab
cancer, surgery for, Austria, 235
Disease: See also Gastroenteritis
disease in aged, [Holler] 1436—ab
Excision (Gastrectomy): See Stomach surgery
gastroscopy, preparing patients for, [Olsen & Pendell] *812
Hemorrhage: See Peptic Ulcer
Hodgkin's disease of, [Jackson] 1253—ab; [Benedict] 1621—C
Inflammation, differentiating from gastric carcinoma [Kennedy] 1727—ab
motility, vagotomy effect on, [Rowe] 1346—ab
Mucosa: See also Stomach prolapse
mucosa, structure of, [Palmer] 514—ab
powdered, treatment of pernicious anemia in patient sensitive to vitamin B_{12}, 1058
prolapse of gastric mucosa into duodenum, [Feldman] 1723—ab
prolapse (transpyloric) of gastric mucosa, [Rappaport & others] *182
secretion, effect of gastrojejunostomy, [Zubirán] 1339—ab
secretion, night secretion of acid gastric juice, [Hegglin] 1261—ab
secretion, results of vagotomy, [Grimson] 157—ab; [Rowe] 1346—ab
stenotic lesions after hydrochloric acid ingestion, [Baker & Spellberg] *442
Surgery: See also Peptic Ulcer, surgical treatment
surgery, gastrectomy, sexual after-effects, Paris, 152
surgery, gastrojejunal functional syndromes after resection, Italy, 1238
surgery, replacing stomach with right ileocolon after total gastrectomy, [Hunnicutt] 1144—ab
surgery, subtotal gastrectomy with and without vagotomy, [Druckerman] 1428—ab
tissue apparatus to obtain samples for cytological study, [Cooper] *691
tuberculosis, [Gaines] 726—ab
tumors, lymphosarcoma; surgical excision plus x-rays and nitrogen mustard, [Lockwood] *435
Ulcer: See Peptic Ulcer
STONE MEMORIAL
placed by A.M.A. in interior wall of Washington Monument (its history: 1855-1887), 1225
STONES: See Calculi (cross reference)
STOOLS: See Feces
STORAGE
of Blood: See Blood Transfusion, blood bank
STRANGULATION: See Fetus
STRAUSS Lecture: See Lectures
STRAW
mite infected, grain itch from, Indiana, [Booth & Jones] *1575
STREET
Accidents: See Automobiles, accidents
STRENGTH, Muscular: See Muscles
STREPTOCOCCUS
bacteremia, chemotherapy and antibiotics for, [Herrell] *1451
carriers, effect of Bicillin injection on, [Stollerman & Ruoff] *1573
Infection: See also Endocarditis; Rheumatic Fever; Scarlet Fever; Throat, sore
infections, combined antibiotic action, (Council article) [Jawetz & Gunnison] *693
infection, new repository penicillin (Bicillin) prevents, [Stollerman & Ruoff] *1571
viability and cleansing procedures, 257
Viridans Infection: See Endocarditis, bacterial
viridans sensitivity to various antibiotics after receiving massive penicillin therapy, [Ahern & Kirby] *34
STREPTOKINASE-STREPTODORNASE (varidase)
débridement of surgical wounds, [Bonneland] 1539—ab
injected into pleural space, for chemical decortication, [Hopkins] 1535—ab
intraperitoneal use, [Vecchietto] 1544—ab
reaction to, [Miller] 814—C
to lyse clotted blood obstructing biliary drainage after operation, [St. James] 613—ab
treatment of hemothorax and postoperative empyema, [Egense] 1437—ab
STREPTOMYCIN
deleterious effect on myocardium, 627
Dihydro—: See Dihydrostreptomycin
nurse use gloves to avoid contamination of her own skin? 1736
to cultivate Endamoeba histolytica from stools, [Spingarn] 244—ab
Treatment: See also Diarrhea; Meningitis, tuberculous; Tuberculosis
treatment, "cellugel" as vehicle for, in tuberculous empyema, [Stahle] 1721—ab
treatment, combined antibiotic action, (Council article) [Jawetz & Gunnison] *693
treatment for vaginal dicharge in young girl (aged 6) 958
treatment, injection in pelvis abscess, [Tupper] 1349—ab
treatment plus *p*-aminosalicylic acid in miliary tuberculosis; change to isoniazid with streptomycin? 629
treatment plus *p*-aminosalicylic acid in tuberculosis, [Carr] *1170
treatment plus *p*-aminosalicylic acid in tuberculosis, American Trudeau Society committee on 574—ab
treatment plus *p*-aminosalicylic acid, resistance of tubercle bacilli to, [Friedman] 819—ab
treatment plus *p*-aminosalicylic acid vs. isoniazid in renal tuberculosis, [Lattimer] *981
treatment plus *p*-aminosalicylic acid, vitamin A, and vitamin D in osteoarticular tuberculosis, Italy, 1033
treatment plus isoniazid and iproniazid for pulmonary tuberculosis, [Selikoff & others] *973
treatment plus isoniazid in miliary tuberculosis, 629
treatment plus penicillin in subacute infectious endocarditis, [Donzelot] 432—ab; [Fritze] 830—ab; [Hayinal] 1439—ab
treatment, plus splenectomy in tuberculosis of spleen, [Ravina] 1055—ab
treatment resistant tubercle bacillus, Sula's tellurite test to determine, [Meyer] 731—ab
STREPTOTRICHOSIS: See Actinomycosis
STRESS
Incontinence: See Urine
STRETCHING
treatment of poliomyelitis, [Raisman] 59—ab
"STROKES": See Brain hemorrhage
STRUMA: See Goiter
STUART'S Transport Medium: See Specimen
STUDENTS: See also Children, school; Schools; University
college, required to read Today's Health, at Illinois, 1223
in Schools of Basic Sciences: See Basic Sciences
number in basic science schools, 1931-1952, *109
responsibilities of medical schools for other students, *109; *113
tuberculosis center, London, 1715
STUDENTS, MEDICAL: See also Education, Medical; Graduates; Interns and Internships; Schools, Medical
American, in foreign medical schools, [Manlove] *79; *125; 139—E
cost of attending medical school, *124
deferment, 890
Fees: See Schools, Medical, tuition
Fellowships: See Fellowships
Foreign: See Physicians, foreign
freshman class (1952), *119
freshman, college record of 1951 class ("A" through "C" students admitted) *118
freshman, geographic residence, *113; *116; *118
future general practitioners organized at U. of Pennsylvania, 700
Negro, *113
number, distribution by sex, *111; *114
number in medical schools in U. S., 1910-1952, *110
number in United States, 1931-1952, *109
number of applicants and number enrolled; statistics by Association of American Medical Colleges, (report) *119
number with baccalaureate degrees, *111
Scholarships: See Scholarships
Student A.M.A. (launches campaign for honorary memberships in) 421; (annual meeting Dec. 29-30, 1952) 698; (report) 940; (introduce delegate at Denver Clinical Session) 1683
Teaching: See Education, Medical
Women: See also Physicians, women
women, statistics, *111; *114

SUBARACHNOID Hemorrhage: See Meninges hemorrhage
SUCCINYLCHOLINE
chloride, short acting muscle relaxants, London, 237
di-iodide synthetic muscle relaxant in anesthesia, [Foldes & others] *1559
SUCCINYLSULFATHIAZOLE (sulfasuxidine)
intestinal antisepsis, [Poth] 245—ab
SUCTION: See also Pressure, negative
Drainage (Monaldi's): See Tuberculosis of Lung
to remove secretion from pharynx in poliomyelitis, [Galloway] 1512—C
SUDECK'S Atrophy: See Osteoporosis
SUGAR: See also Carbohydrates; Glucose
in Blood: See Blood
in Urine: See Diabetes Mellitus
invert, administered by hypodermoclysis, 942—E
invert, N.N.R., (Abbott) 1405
SUGGESTION, Mental: See Hypnosis; Psychotherapy
SUICIDE
attempted, with hydrochloric acid ingestion, pyloric stenosis and hepatitis after, [Baker & Spelberg] *342
discussed at combined meetings of British and Irish Medical Association, London, 686
leading cause of death; panel held at U. of Virginia Hospital, 686—E (correction: Sheppe instead of Sheffe) 1131
SUITER Lecture: See Lectures
SULA'S Tellurite Test: See Tubercle Bacillus
SULFAGUANIDINE
partial sexual sterilization by feeding, [Rogers] 244—ab
SULFAPYRIDINE
toxicity, acute hemolytic anemia, corticotropin fails to prevent, [Gilbert & Arnold] *95
SULFASUXIDINE: See Succinylsulfathiazole
SULFATHALIDINE: See Phthalylsulfathiazole
SULFATHIAZOLE
Phthalyl—: See Phthalylsulfathiazole
Succinyl—: See Succinylsulfathiazole
SULFISOXAZOLE (gantrisin)
treatment plus antibiotics in influenzal meningitis, [Lepper] 430—ab
SULFONAMIDE COMPOUNDS
Combinations: See also Meth-Dia-Mer-Sulfonamides
combinations 692—ab
powder, dusting small wounds and abrasions with, 1265
Sulfaguandine: See Sulfaguanidine
Sulfapyridine: See Sulfapyridine
treatment plus penicillin or aureomycin to prevent nasal-descending asthma, [Engelsher] 1210—C
SULFUR
stains on bathtub, 1163
SUNLIGHT
skin damage by (sailor's skin), *p*-aminobenzoic acid to prevent, [Bell] 1432—ab
SUPERSONICS: See Ultrasonics
SUPPOSITORIES
estrogen, for vaginal discharge in young girl (aged 8) 958
SUPPURATION: See Otitis Media; Pericarditis; Ulcers
SUPRARENALS: See Adrenals
SURGEONS: See also Medicine; Physicians; Surgery
emergency medical calls, statement made by American Board of Surgery, 1622
Internal College of Surgeons, 235
SURGERY: See also under specific diseases, organs and operations as Adenoidectomy; Appendectomy; Cesarean Section; Peptic Ulcer, surgical treatment; Splenectomy; Stomach surgery; Thyroidectomy; Tonsillectomy
American Board of: See American Board
American Surgical Trade Association 50th year, 1412
Amputation: See Amputation
Anesthesia in: See Anesthesia
appliances supplied under National Health Service, statistics on, England, 1508
arterenol used during and after operations, [Bergmann] 832—ab
cigarettes after operations, London, 237
debridement of surgical wounds with streptokinase-streptodornase, [Sonneland] 1539—ab
head lowering in treatment of hypotension on operating table, [Cole] *273
hemorrhage in patients, controlled hypotension to reduce, [Manni] 1352—ab
hiccups during operation, management, [Gigot & Flynn] *763
history, William Stewart Halstead, centenary of his birth, [Blalock] *1082; 1138
in infant, cardiac arrest and resuscitation during, [Volk & others] *213; (correction) 1322
in old age, London, 1715
SURGERY—Continued
Moving Pictures Concerned with: See Moving Pictures, Medical (Reviews)
muscle relaxants in, [Foldes & others] *1561
Neurosurgery: See Neurosurgery
on television, London, 237
Operation (Illegal): See Abortion, criminal
Orthopedic: See Orthopedics
Plastic, American Board of: See American Board
plastic, production of facial wrinkles, [Frackelton] 1152—ab
porphyria simulating surgical conditions, [Rentschler] 1426—ab
postoperative care, fluid and electrolyte balance service, [Statland] *771
postoperative complications; myocardial infarction, [Wróblewski & Lalbue] *1212
postoperative empyema streptokinase-streptodornase for, [Egense] 1437—ab
postoperative nausea and vomiting, dimenhydrinate to control, [Hume] 718—ab
postoperative thrombosis and electrosurgery, Austria, 236
potassium deficits in surgical patients, [Ellison] 56—ab; [Elman] 821—ab; [Lans] 1637—ab
preoperative preparation of intestines with antibiotics and chemotherapy, [Hughes] *1158
preoperative x-ray irradiation in breast cancer, [Kaae] 1541—ab
protein nutrition in, 141—E
radical, induced hypotension in, [Boyan] 726—ab
residency first in, at Johns Hopkins University, [Blalock] *1082
Standard Nomenclature of Diseases and Operations: See Terminology
standardists, Hospital Tissue Committee effective in raising, [Weinert & Brill] *992
Surgical Society of Bogotá, course on cardiovascular surgery, Colombia, 1419
Sutures: See Sutures
thrombin recovery test, [Sternberger] *1591
unnecessary operations, responsibility of ophthalmologists, [Dunphy] *169
water intoxication in surgical patients, [Zimmermann] 60—ab
SURGICAL
Dressings: See Dressings
materials, Joint Committee on Study of, 888
SUTURES
compression, in Dupuytren's contracture, [Tanzer] 249—ab
SWABS
cotton, apply mercurial ointment to lashes in pediculosis, [Horton] 630
gynecological, Stuart's transport medium for, [Alexander] 61—ab
laryngeal, cultures from, in tuberculosis, [Smedstad] 831—ab
SWEAT
excessive sweating of feet in children, 1645
excessive sweating, mephobarbital for, [Scanlon] *928
SWEDISH: See also Scandinavian
National Association for Combating Cancer discusses cancer of stomach, 507
Public Health Service, new head, 427
SWIFT'S
canned dried egg yolk contains salmonella, warning, 1504
SWIMMING: See also Drowning
death after diving in shallow water, 736
pool, rehabilitation beach opened for children, New York, 143
SWINDLERS: See Impostors
SWINEHERD'S DISEASE
physicians urged to be on lookout for, Illinois, 1226
SYMMERS-Brill Disease: See Lymphoma
SYMPATHECTOMY
effect on sexual function, [Rosenauer] 832—ab
intercostal neuralgia after, 630
SYMPATHETIC: See Nervous System, Sympathetic
SYMPATHOGONIOMA
neuroblastoma of prostate in child, (case 2) [Griswold] *791
SYMPATHOLYTIC DRUGS
treatment of poliomyelitis vs. Kenny packs, [O'Donnell] 1725—ab
SYMPOSIUM: See American Medical Association, Section on—
SYNCURINE: See Decamethonium Bromide
SYNKAMIN
no salutary effect on isosensitization in pregnancy, 828
SYNKAVITE: See Sodium menadiol diphosphate
SYPHILIS: See also Venereal Disease; under specific organ or disease affected
Cardiovascular: See Cardiovascular Disease complicating pregnancy, 765—ab; 1446
congenital, Birthright (film review) 241
congenital, in pregnant woman, 64
congenital, penicillin to prevent, [Shaffer] 1720—ab
SYPHILIS—Continued
delayed union of fractures, 167
Diagnosis: See Syphilis, serodiagnosis
hypopituitarism due to, androgen treatment, [Oelbaum] 1438—ab
incidence, decline in, Ill., 944
occupational hazard to physicians, 1603—E
prevention with PAM, 460—ab
serodiagnosis, biologically false positive tests, type, incidence, and cause; value of treponemal immobilization test, [Moore & Mohr] *467
serodiagnosis, positive reactions in pregnancy, 765—ab
serodiagnosis, seroresistance treatment of secondary syphilis, [Thomas] 955—ab
tertiary, of lung, [Morgan] 1261—ab
SYPHILOLOGY
American Board of: See American Board

SOCIETIES AND OTHER ORGANIZATIONS

Acad.—Academy
Am.—American
A.—Association
Coll.—College
Commn.—Commission
Comm.—Committee
Conf.—Conference
Cong.—Congress
Dist.—District
Div.—Division
Found.—Foundation
Hosp.—Hospital
Indust.—Industrial
Inst.—Institute
Internat.—International
M.—Medical
Med.—Medicine
Nat.—National
Pharm.—Pharmaceutical
Phys.—Physicians
Soc.—Society
Surg.—Surgery
Surgs.—Surgeons
S.—Surgical

Academie Duchenne de Boulogne, 145
Acad. of Med. of the Raritan Bay Area (N. J.), 1021
of Med. of Toledo and Lucas County (Ohio), 229
of Med. (Turin, Italy), 801
Acapulco (Guerrero, Mexico), M. Soc. of, 1021
Acoustical Materials A., 498
Soc. of America, 498
Acto M. A., 146, 1498
M. A., French-Speaking Branch, 1498
Alabama Acad. of General Practice, 496
Alameda-Contra Costa (Calif.) M. A., 1706
Alaska Department of Health, 804
Territorial M. A., 804
Albany County (N. Y.) Department of Public Welfare, 1021
Alianza Interamericana, 1316
All India Obstetric and Gynaecological Cong., 1431
Alpha Omega Alpha, Boston University Chapter, 1020; Beta of Missouri Chapter, 945; Zeta of Hahnemann Chapter, 1707
Alumni A. of the Jersey City M. Center, 1126
Am. Acad. for Cerebral Palsy, 228, 1412
Acad. of Allergy, 424
Acad. of Dermatology and Syphilology, 1230, 1497
Acad. of Forensic Sciences, 1229
Acad. of General Practice, 597, 1706
Acad. of General Practice Chapters: Georgia, 1226; Nebraska, 123, 803; New Jersey, 1410; Oneida County (N. Y.), 1127, 1495
Acad. of Obstetrics and Gynecology, 1320
Acad. of Ophthalmology and Otolaryngology, 499, 1322
Acad. of Pediatrics, 598, 702, 1130, 1412
Acad. of Pediatrics, New York State Study Comm. of the, 1320
Acad. of Tropical Med., 1023
Airlines, 499
A. for Health, Physical Education, and Recreation, 1023
A. for the Advancement of Science, 499, 1608
A. for the Surg. of Trauma, 1321
A. for Thoracic Surg., 1023
A. of Blood Banks, 498, 1321
A. of Clinical Chemists, Southern California Section, 496
A. of Genito-Urinary Surgs., 1708
A. of Hosp. Consultants, 1022
A. of M. Clinics, 1130
A. of M. Record Librarians, 598
A. of Obstetricians, Gynecologists and Abdominal Surgs., 1319, 1322
A. of Railway Surgs., 1321
A. of Registration Executives, 598
Board of Psychiatry and Neurology, 1019
Board of Veterinary Public Health, 1412
Brass Company, 496
Cancer Soc., 223, 701, 1130, 1497, 1708
Cancer Soc. Divs.: Florida, 805; Illinois, 1125, 1695; Michigan, 498; Michigan, Southeastern, 596; Milwaukee, 802; Missouri, 423; Pennsylvania, 596; Philadelphia, 423; Texas, 700
Cancer Soc. Groups: Inglewood (Calif.) Branch, 1493; Mahoning County (Ohio) Unit, 1127
Coll. of Allergists, 804
Coll. of Chest Phys., 42, 1230, 1321
Coll. of Chest Phys. Chapters: Illinois, 1019; Italian, 1319; Rocky Mountain, 41; Wisconsin, 143

Societies and Other Organizations—Continued
Coll. of Clinic Administrators, 1229
Coll. of Phys., 227, 804, 946, 1023
Coll. of Surgs., 804, 805, 1020, 1023
Coll. of Surgs. Chapters: Georgia, 801; Nebraska, 225
Cong. of Physical Med., 1231
Cong. on Obstetrics and Gynecology, 1493
Cyanamid Company, 1707
Dermatological A., 498
Diabetes A., 597, 1023, 1024
Dietetic A., 598
Electroencephalographic Soc., 1231
Fracture A., 229
Geophysical Union, 42
Geriatrics Soc., 1229
Goiter A., 1130
Group Psychotherapy A., 1708
Heart A., 229, 805, 1021, 1229, 1495, 1608
Indust. Hygiene A., 498, 1022
Inst. of Nutrition, 1497
Laryngological, Rhinological and Otological Soc., Eastern Section, 1608; Southern Section, 1708
Leprosy Missions, 1131
M. A., 40, 702, 1020, 1129, 1412, 1495, 1608
M. Education Found., 1605
M. Soc., 145
M. Women's A., 498, 1229, 1231
M. Writers' A., 144, 1125, 1321
Meteorological Soc., 42
Neurological A., 1496
Ophthalmological Soc., 1024
Pharmaceutical A., 227
Psychiatric A., 499, 701, 1021, 1130, 1316
Psychological A., 1321
Psychosomatic Soc., 701
Public Health A., 598, 700, 1230
Red Cross, 226
Registry of Pathology, 229
School Health A., 598, 1708
Soc. for Pharmacology and Experimental Therapeutics, 41
Soc. for the Study of Arteriosclerosis, 1023, 1412
Soc. for the Study of Sterility, 801, 1708
Soc. of Anesthesiologists, 1024, 1129, 1608
Soc. of Clinical Pathologists, 499, 597, 1412
Soc. of Maxillofacial Surgs., 1231
Soc. of Ophthalmologic and Otolaryngologic Allergy, 499
Soc. of Tropical Med. and Hygiene, 1023
S. Trade A., 1412
Therapeutic Soc., 1322
Trudeau Soc., 1129, 1130
Urological A., 1024
Venereal Disease A., 1708
Veterinary M. A., 1412
Anders, James M., Found., 1607
Anthracite Health and Welfare Fund, 1607
Arbor Vitae-Woodruff Lions Club, 1129
Argentine M. A., 802
Soc. of Angiology, 1025
Arizona State Department of Health, 595
Arkansas State Board of Health, 227
Armed Forces Inst. of Pathology, 229, 1497
Armour Research Found., 498
Arthritis and Rheumatism Found., 1229
Research Inst., 230
A. for Family Living, 1706
for Research in Nervous and Mental Disease, 1320
for Research in Ophthalmology, Southern Section, 946
for the Aid of Crippled Children, 143
of Am. M. Colls., 1023
of Am. Phys., 1231
of Connecticut Tumor Clinics, 1125
of Ex-Resident and Resident Phys. of the Philadelphia General Hosp., 1319
of Life Insurance M. Directors of America, 598
of M. Illustrators, 227
of Military Surgs. of the United States, 424, 1497
of State and Territorial Health Officers, 1412
of Surgs. of the Pennsylvania Railroad, 1128
of the Alumni of the Columbia University School of Public Health, 803
Asthmatic Children's Aid, 699
Attending Staff A., Inc., 229
Bacteriology Club (University of Kansas School of Med.), 1126
Baltimore Bar A., 699
City M. Soc., 1494
Baylor Research Soc., 1412
Belgian Soc. of Gastroenterology, 1021
Berks County (Pa.) M. Soc., 945
Beth David Hosp. Alumni A., 1127
Blackwell, Elizabeth, Soc., 1227
Blatt, Morris Lamm, Memorial Fund, 224
Borden Company Found., 1497
British Columbia Cancer Inst., 43
Empire Cancer Campaign Fund, 1130
Empire Soc. for the Blind, 1131
Inst. of Radiology, 1025
M. Research Council, 1024
Bronx Dermatological Soc., 1606
Brooklyn, Acad. of Med. of, 1021
Cancer Committee, 1318
Buffalo, Women Phys.' League of, 1227
Bunts, Frank E., Educational Inst., 423
California Department of Mental Hygiene, 944, 1019
Inst. for Cancer Research, 1125
M. A., 1321
Soc. of Allergy, 1316
Soc. of Crippled Children, Inc., 806
Soc. of Pathologists, 1321
Southern, Anti-Tuberculosis League, 1019
State Personnel Board, 1019
Canadian Arthritis and Rheumatism Soc., 1229
Mental Health A., 230
Canal Zone M. A., 944
Cancer Prevention Center of Chicago, Inc., 1409
Research Inst. (University of California School of Med.), 422
Castle Rock (Wash.) Lions Club, 1320
Central California Psychiatric Soc., 1316
Illinois Soc. of Ophthalmology and Otolaryngology, 142
States Soc. of Indust. Med. and Surg., 1129, 1321
Chicago Acad. of Sciences, 1125
A. of Commerce and Industry, 1409
Board of Health, 699, 801
Gynecological Soc., 595, 1125
Heart A., 699, 1020, 1409
M. Soc., 142, 224, 1020
M. Soc., North Side Branch, 224, 1317
Ophthalmological Soc., 496
Orthopaedic Soc., 1020
Pediatric Soc., 142
Roentgen Soc., 142
Soc. of Allergy, 142
Soc. of Anesthesiologists, 801
Soc. of Indust. Med. and Surg., 1129
Soc. of Physical Med. and Rehabilitation, 1226
S. Soc., 422
Tumor Inst., 224, 1605
Urological Soc., 944
Women's Bar A., 1125
Children's Tumor Registry, 1130
Childs, Jane Coffin, Memorial Fund for M. Research, 804
Chilean Cong. of Pediatrics, 43
Soc. of Neurology, Psychiatry, and Neurosurgery, 1025
Cincinnati, Acad. of Med. of, 143, 1022
Greater, Radiological Soc. of, 41
Cleveland, Acad. of Med. of, 41, 225
Area Heart Soc., 945
Health Museum, 700, 1497
Soc. of Neurology and Psychiatry, 225
Coll. of Am. Pathologists, 499, 597, 700, 1231
of Am. Pathologists Groups: North Central Region, 1229; Southeastern and South Central Sections, 946; Southwestern Region, 1321
Colombian A. of Surgs., 1022
Colorado Commn. on Alcoholism, 228
Found. for Research in Tuberculosis, 223
Radiological Soc., 1493
Soc. of Anesthesiologists, 1129
Soc. of Internal Med., 1019
State Department of Public Health, 228, 1605
State M. Soc., 40, 1019, 1316
Comanche-Cotton County (Okla.) M. Soc., 1127
Comm. on Internat. Exchange of Persons, 227
Conf. Board of Associated Research Councils, 227
of Public Health Veterinarians, 1412
of the Surgeon General of the Public Health Service and the Chief of the Children's Bureau with the State Health, Mental Health, and Hosp. Authorities, 1412
on Electronic Instrumentation and Nucleonics in Med., 1230
Cong. of Neurological Surgs., 945
Connecticut Cancer Soc., 223
Soc. of Psychiatry and Neurology, 223
State Health Department, 223
State M. Soc., 223, 496, 800, 1125
State Soc. of Anesthesiologists, 1226
State Welfare Department, 223
Constantinian Soc., 227
Cook County Internes' Alumni A., 422
Cooperating Phys. of the Oregon Phys.' Service, 497
Coordinating Council for Cerebral Palsy, 1707
Creedmoor Inst. for Psychobiologic Studies, 596
Cuban Soc. of Cancerology, 1021
Curie Inst., 701
Cushing, Harvey, Soc., 1023
Dade County (Fla.) Cancer Inst., 800, 1316
County (Fla.) M. A., 223, 1316
Dallas-Fort Worth (Texas) Obstetric and Gynecologic Soc., 803
Dallas (Texas) Hosp. Council, 41
M. Soc., 41
Soc. of General Surgs., 1319
Southern Clinical Soc., 143, 803, 1319
Dane County (Wis.) M. Soc., 1023
Delaware Acad. of General Practice, 1316
County, Polio Parents Club of, 423
Denver County M. Soc., 228
Detroit Department of Health, 699
Inst. of Cancer Research, 596
Diabetes Comm. of the Health Council of United Community Services of Metropolitan Boston, 1126
District of Columbia, M. Soc. of the, 223, 1493
Soc. for Crippled Children, 223
Duke, Doris, Found., 1607
East Central Oklahoma Soc., 1411
Eastern Panhandle (W. Va.) M. Soc., 498
Endocrine Soc., The, 945, 1321
Endowment A. of the University of Kansas, 1494
Erie County (Pa.) M. Soc., 1607
(N. Y.), County of, M. Soc. of the, 1227, 1318
Essex County (N. J.) M. Soc., 143
Federation of Am. Socs. for Experimental Biology, 1320
Fiske, Caleb, Fund, 700
Flint (Mich.) Acad. of Med., 699
Florida Cancer Council, 805
M. A., 805, 1019
Obstetric and Gynecologic Soc., 1316
South, Mental Health Soc. of, 1316
State Board of Health, 805
State Board of M. Examiners, 1316
Trudeau Soc., 1316
Fond du Lac County (Wis.) M. Soc., 498
Found. of the A. of Military Surgs., 1497
Franklin County (Ill.) M. Soc., 1317
Friends of the Armed Forces M. Library, 1708
Fulton County (N. Y.) M. Soc., 1126
General Electric Company, 1707
Geneva (N. Y.) Acad. of Med., 700
Georgetown University Alumni Club, 800
Georgia, Better Health Council of, 223
Comm. on Alcoholism, 224
Heart A., 1605
Radiological Soc., 1226
State M. A., 1226
State Obstetrical and Gynecological Soc., 801
Urological A., 801
German Gynecological Soc., 1228
Goldblatt Brothers, 1706
Governor's Conf. on Exceptional Children, 224
Grant Found., 1411
Guatemala M. Soc., 944
Gulf Coast Clinical Soc., 597
Coast Regional Conf. in Indust. Health, 144
Hartford County (Conn.) M. A., 595
Health Bureau (Canal Zone), 805
Information Found., 1320
Heinz, H. J., Company, 1411
Hematology Research Found., 1321
Herkimer County (N. Y.) M. Soc., 1127, 1495
Histochemical Soc., 1608
House Officers' A. of New England Center Hosp., 802, 1318, 1409
Illinois Acad. of General Practice, 595, 1605
Central Railroad System, 422
Commn. for Handicapped Children, 224
Department of Public Health, 1226, 1409, 1494
Division of Vocational Rehabilitation, 1019
Inst. of Technology, 498
Neuropsychiatric Inst., 224
Soc. of Anesthesiologists, 801
Soc. of Pathologists, 1229
State M. Soc., 1125
Trudeau Soc., 1019
Indiana Planning Comm. on Rehabilitation, 1125
Public Health A., 595
State M. A., 801
Indust. Hygiene Found. of America, Inc., 1129
Inst. for Cancer Research (Pa.), 1707
for Metabolic Research, 1706
for Psychoanalysis, 422
of Indust. Health, 1495
of Indust. Med., 702
of M. Research (Kuala Lampur, Malaya), 1409
of Pathology (Cleveland), 1607
of Pathology (Univ. of Tenn.), 229
of Physical Med. and Rehabilitation, 143, 700
Inter-Am. Cong. of Radiology, 946
Interim Board of Aviation Med., 499
Internat. Acad. of Proctology, 1229
Cancer Research Commn., 1129
Coll. of Surgs., 801, 1128
Coll. of Surgs., Alabama Div., 496
Cong. of Biological Chemists, 801
Cong. of Dermatology and Syphilology, 1126
Cong. of Hydatid Disease, 1025
Cong. of Military Med. and Pharmacy, 1322, 1609
Cong. of Neuropsychiatry, 1025
Cong. of Ophthalmology, 1322
Cong. on M. Librarianship, 1608
Fertility A., 1708
Hosp. Cong., 1709
Hosp. Federation, 1709
Labor Organization, 145
Organization of M. Sciences, 1129
Soc. of Angiology, South American Chapter, 1025
Soc. of Urology, 42
Study Conf. on Child Welfare, 1231
Syndical Reunion of Gynecologists and Obstetricians, 1025
Interstate Postgraduate M. A. of North America, 1023
Iran Found., 1024
Italian Federation Against Tuberculosis, 1319
Soc. of Gastroenterology, 1021
Jackson County (Okla.) M. Soc., 1127
Johnston, Charles G., S. Soc., 225
Kanawha (W. Va.) M. Soc., 701

V 1
195

Societies and Other Organizations—Continued
Kansas City A. of Trusts and Founds., 1021
City Southwest Clinical Soc., 144
State Board of Health, 1606
State Tuberculosis and Health A., 1494
Kappa Kappa Gamma, 1125
Katz, Meyer, Family Found., 1226
Kenton-Campbell County (Ky.) M. Soc., 1706
Kentucky Soc. of Anesthesiologists, 422
State Department of Health, 1606, 1608
State M. A., 221, 1494, 1606
S. Soc., 224
Kessler Inst. for Rehabilitation, 497
Kings (N. Y.), County of, M. Soc. of the, 1021
Kress Found., 1317
Lasdon Found., 1707
Life Insurance M. Research Fund, 1021
Livingston County (N. Y.) M. Soc., 1606
Lone Rock (Wis.) Lions Club, 1129
Long Island (N. Y.) Psychiatric Soc., 1021
Los Angeles County Department of Charities, 229
County Heart A., 593, 1608
County M. A., 223
Soc. of Allergy, 142
Louisiana Health Council, 1020
State Department of Health, 805
S. A. of, 1020
Macon County (Ill.) M. Soc., 1019
Macy, Josiah, Jr. Found., 1228
Madison (N. Y.), County of, M. Soc. of the, 1127, 1227, 1495
Mahoning County (Ohio) M. Soc., 1127
Maine Department of Health and Welfare, 944, 1317
M. A., 801, 1126
Managua (Nicaragua) M. Soc., 944
Marinette County (Mich.) M. Soc., 1409
Markle, John and Mary R., Found., 701
Marquette M. Alumni A., 498
Maryland Bar A., 699
M. and Chirurgical Faculty of the State of, 699, 1317
Masonic Research Found. on Rheumatic Fever, 1227
Massachusetts Acad. of General Practice, 40
Department of Mental Health, 41
School Phys.' A., 1826
Soc. of Anesthesiologists, 227
Mayo Found., 142, 1126
M. Alumni A. of the University of Chicago, 40
Coll. of Virginia Alumni, West Virginia Chapter, 423
Library A., Midwest Regional Group, 597
Library A., Philadelphia Regional Group, 1022
Soc. of the University of Wisconsin, 1023
Women's A., 1125
Mellon Inst., 1319, 1411, 1496
Memphis and Shelby County (Tenn.) Health Department, 229
and Shelby County (Tenn.) M. Soc., 229
Menominee County (Mich.) M. Soc., 1409
Metropolitan Life Insurance Company, 1606
Mexican A. of Gastroenterology, 1021
Nat. Cong. of Tuberculosis and Silicosis, 1413
Miami (Fla.) Chamber of Commerce, 1316
Michigan Cancer Conf., 496
Department of Health, 496, 1409
State M. Soc., 496, 1409
Middlesex County (N. J.) M. Soc., 1021
West District (Mass.) M. Soc., 1227
Milwaukee County, M. Soc. of, 226
Neuro-Psychiatric Soc., 226
Pediatric Soc., 142
Minneapolis S. Soc., 1410
Minnesota Acad. of General Practice, 802
Cancer Soc., 1409
Dakota-Manitoba Orthopedic Soc., 1321
Department of Health, 1409
Heart A., 1409
Public Health A., 802
Public Health Conf., 1227
Southern, M. A., 1410
State M. A., 1409
Mississippi Hosp. A., 596
State M. A., 422, 1410
State M. Education Board, 422
Valley Conf. on Tuberculosis, 597, 1606
Valley M. Soc., 144, 226, 944, 1608
Valley Trudeau Soc., 597
Missouri State M. A., 1410
State of, Div. of Health of the, 423, 1410
Monroe County (Fla.) M. Soc., 1494
Montgomery County (Ala.) M. Soc., 496
County (N. Y.) M. Soc., 1410
Montreal (Canada) Clinical Soc., 230
Multiple Sclerosis Found., 1706
Munich (Germany) Dermatologic Soc., 1126
Muscogee County (Ga.) M. Soc., 801
Museum of Science and Industry, 699
Nassau County (N. Y.) Acad. of Med., 802
County (N. Y.) M. Soc., 802
(N. Y.) Pediatric Soc., 225
Nat. Advisory Mental Health Council, 1605
Assembly of Surgs., 945
A. for Mental Health, Inc., 1129
A. for Music Therapy, 804
Cancer Inst., 229, 800, 1605
Conf. on Trichinosis, 1412
Cong. of Surgs. of Chile, 1025
Education A., 1023
Found. for Infantile Paralysis, 228, 229, 1229, 1497, 1608
French Soc. of Gastroenterology, 1021
Gastroenterological A., 702, 1021, 1412
Insts. of Health, 1708
Inst. of Mental Health, 1229
Multiple Sclerosis Soc., 805
Noise Abatement Council, 498
Office of Vital Statistics, 42, 145, 228, 424, 499, 599, 702, 806, 946, 1024, 1131, 1230, 1322, 1413, 1498, 1609, 1708
Rehabilitation A., 701
Research Council, 229, 424, 699, 802, 1130, 1411, 1497
Safety Cong. and Exposition, 702
Safety Council, 227, 595, 598, 702, 801, 1706
Sanitarium A., 145
Science Found., 424, 945, 1321, 1497
Soc. for Crippled Children and Adults, 805
Soc. for M. Research, 801
Soc. for the Prevention of Blindness, 1228
Syndicate of French Gynecologists and Obstetricians, 1025
Nebraska State Health Department, 224
State M. A., 224, 1021
Neurosurgical Soc. of America, 144, 1608
New England Acad. of General Practice, 805
Diabetes A., 805, 1020
Obstetrical and Gynecological Soc., 801, 805
Pathological Soc., 805
Postgraduate Assembly, 805
Rheumatism A., 805
Soc. of Anesthesiologists, 227
Soc. of Psychiatry, 1023
New Hampshire Acad. of General Practice, 805
M. Soc., 42, 1410
New Haven (Conn.) M. Soc., 944, 1316
New Jersey Dermatological Soc., 596
Gastroenterological Soc., 1021
Neuropsychiatric A., 596
Northern, Acad. of Med. of, 1496
Ophthalmologic Soc., 142
Orthopaedic Soc., 496, 1126
Soc. for Crippled Children and Adults, 596
Soc. of Clinical Pathologists, 1021
New York Acad. of Med., 143, 497, 596, 700, 944, 945, 1022, 1127, 1228
Cancer Hosp., 700, 1410
City of, Department of Health of the, 596, 1126, 1318, 1606
City, Welfare and Health Council of, 143
Inst. of Clinical Oral Pathology, 802
M. Soc. of the State of, 700, 1021, 1126, 1127, 1320, 1495
M. Soc. of the State of, Eighth District Branch of the, 423
M. Soc. of the State of, Seventh District Branch, 596
Roentgen Soc., 1021
Soc. for Circulatory Diseases, 497
Soc. for Clinical Ophthalmology, 1228
State Citizens Comm. of 100 for Children and Youth, 1320
State Department of Health, 700, 802, 1021, 1126, 1318, 1320, 1495
State Department of Mental Hygiene, 596
State Mental Health Comm., 1706
State Soc. of Anesthesiologists, 1410
Tuberculosis and Health A., 944, 1127
Nicaraguan M. A., 944
Norfolk District (Mass.) M. Soc., 224, 1227
North Carolina, M. Soc. of the State of, 225
Public Health A., 497
Urological A., 1411
North Dakota Crippled Children's Service, 1127
North Pacific Soc. of Internal Med., 144
S. A., 1129
North Shore Health Resort, 422, 944, 1226
Northwestern Ohio M. A., 497
Nutrition Found. Inc., 1412, 1495
Oak Ridge (Tenn.) Inst. of Nuclear Studies, 144, 227, 1020, 1318, 1494, 1608, 1707
Ohio Acad. of General Practice, 1319
Cong. of Parents and Teachers, 1228
Heart A., 1228
Southwestern, Soc. of General Phys., 1022
State Soc. of Anesthesiologists, 1319
Oklahoma City Clinical Soc., 803
County M. Soc., 803
State Radiological Soc., 225
Omaha-Douglas County M. Soc., 699
Mid-West Clinical Soc., 699
Oneida County (N. Y.) M. Soc., 1127, 1495
Onondaga County (N. Y.) M. Soc., 497, 1021
Oregon Acad. of General Practice, 497
Eastern M. Soc., 1128
State Board of Health, 227
State M. Soc., 497, 1228
Ottawa (Ill.) Township High School Board of Education, 1317
Outagamie County (Wis.) M. Soc., 226
Paine Drug Company, 1606
Panamanian Soc. of Med. and Surg., 944
Pan American M. Confederation, 1709
Parent-Teacher A. (Conn.), 595
Pennsylvania, M. Soc. of the State of, 143, 423, 803, 1022, 1128
Psychiatric Soc., 1319
Public Health A., 1496
Railroad, 229
State Department of Health, 1496
Phi Delta Epsilon, Sigma Chapter, 143
Philadelphia Acad. of General Practice, 700
Allergy Soc., 803
Marriage Council of, 1411
Pathological Soc. of, 1495
Philippine M. A., 227
Philippines, Science Found. of the, 596
Piedmont (S. C.) Radiological Soc., 1496
Pittsburgh Acad. of Med., 1411
Pollock, Henry M., Fund, 1318
Porter, William Branch, Soc., 1496
Postgraduate M. Inst., 944, 1227, 1318, 1706
Prudential Insurance Company, 1607
Psychiatric Inst. (University of Maryland School of Med.), 1494
Puerto Rico, M. A. of, 1413
Queens (N. Y.), County of, M. Soc. of the, 1022
Radio Corporation of America, RCA Victor Div., 803
Radiological Soc. of North America, 1412
Raleigh (N. C.) Acad. of Med., 945
Reading (Pa.) Eye, Ear, Nose and Throat Soc., 945, 1607
Registry of Cardiovascular Pathology, 229
Research Council for Economic Security, 228
Rheumatic Fever Research Inst., 1020
Rhode Island M. Soc., 597, 700
Riley Memorial A., 1606
Robins, A. H., Company, Inc., 1709
Rochester (N. Y.) Acad. of Med., 1606
Rockefeller Found., 1023, 1125, 1129
Inst. for M. Research, 228
Rocky Mountain Regional Inst. on Alcoholism, 228
Rotary Internat., 1229
Royal Soc. for the Prevention of Accidents, 230
St. Louis Acad. of General Practice, 142
Dental Soc., 1021
M. Forum, 1021, 1410
Salmon Comm. on Psychiatry and Mental Hygiene, 497
San Antonio (Texas) Soc. of Pathologists, 700
San Francisco M. Soc., 801, 1226
San Joaquin Valley (Calif.) Regional M. and S. Inst., 142
Saskatchewan Cancer Comm., 701
Scandinavian Obstetrical and Gynecological Soc., 801
Schoharie County (N. Y.) M. Soc., 1021
Science Service, 1496
Seaman, Louis Livingston, Fund, 945
Sebastian County (Ark.) M. Soc., 1411
Sigma Xi Club (Chicago M. School), 1226
(University of Oregon M. School), 1495
Smyth County (Va.) M. Soc., 226
Soc. of Military Ophthalmologists, 499
of Uruguayan Rheumatologists, 1709
Solomon, Dr. Jerome D., Memorial Research Found., 1605
South American Cong. of Angiology, 1025
South Carolina Acad. of General Practice, 945
S. Soc., 1496
Southern Electroencephalographic Soc., 946
M. A., 946
S. A., 1412
Southwest Regional Cancer Conf., 144
Southwestern M. A., 805
S. Cong., 702
Springfield (Mass.) Acad. of Med., 595
Squibb Inst. of M. Research, 1227, 1321
Stamford (Conn.) Acad. of General Practice, 800
Heart A., 800
M. Soc., 800
Steuben County (N. Y.) M. Soc., 1021
Survey of Postgraduate M. Education, 944
Syracuse Acad. of Med., 497
Tennessee Acad. of General Practice, 1228
Department of Public Health, 945
Middle, M. A., 226
Radiological Soc., 226
State M. A., 1228
Texas Acad. of General Practice, 1022
Air Medics A., 226
Dermatological A., 226
Diabetes A., 226
Heart A., 226
M. A., 1022, 1128
Orthopedic A., 226
Pediatric Soc., 597, 1607
Rheumatism A., 1319
Soc. of Anesthesiologists, 226
State Department of Health, 41, 1022
Toledo and Lucas County (Ohio), Acad. of Med. of, 144
Trent, Josiah C., Soc. for the History of Med., 1127
Tri-State Post-Graduate Assembly of Illinois, Missouri, and Iowa, 144
Trudeau Found., 41, 227
Tuberculosis Sanatorium Conf. of Metropolitan New York, 802
Tulsa (Okla.) Acad. of General Practice, 1228

Societies and Other Organizations—Continued
Tuskegee Inst., 1320
United Cerebral Palsy A., Inc., 1022, 1316
Mine Workers Welfare and Retirement Fund, 1412
Nations, 1411
Nations Department of Public Information, 1229
Nations Educational, Scientific, and Cultural Organization, 1129
Nations Internat. Children's Emergency Fund, 1229, 1231
U.S. Atomic Energy Comm., 702
Department of Agriculture, 1497
Employment Service for the District of Columbia, 1493
Fidelity and Guaranty Company, 1316
Pharmacopeial Convention, 1411
Public Health Service, 227, 423, 498, 595, 699, 804, 945, 1412, 1493, 1605, 1607
U.S.-Mexican Eradication Commn., 1497
University of Buffalo Chronic Disease Research Inst., 944
of Michigan Phoenix Project, 1412
Upjohn Company, 1228
Utah State Radiological Soc., 226
Utica (N. Y.) Acad. of Med., 1127, 1495
Vermont Acad. of General Practice, 805
State M. Soc., 42, 1410, 1412
Veterans Administration, 1607
Viennese M. Acad., 424
Virginia Council on Health and M. Care, 498
M. Soc. of, 41
Soc. of Pathologists of Legal Med., 41
State Department of Health, 41
Virgin Islands Health Department, 227
Washington Acad. of General Practice, 945
County (Ga.) Farm Bureau, 1019
M. and S. Soc., 1000
Obstetrical A., 498
Psychiatric Soc., 1493
State Department of Health, 803, 1023, 1608
State Heart A., 803, 1023
State M. A., 1320
Wayne County (Mich.) M. Soc., 422
University Coll. of Med. Alumni A., 1126
Welfare Federation, 1493
Western Inst. on Epilepsy, 699
S. A., 1320
West Virginia Acad. of General Practice, 41, 597
Cancer Soc., 597
Heart A., 498, 803, 1320
State Department of Health, 226, 423
State M. A., 423
Trudeau Soc., 1129
Tuberculosis and Health A., 1129, 1320
White Plains (N. Y.) Clinical Soc., 497
Winston-Salem and Forsyth County (N. C.), Heart A. of, 225
Wintrobe Memorial Fund, 1128
Wisconsin Anti-Tuberculosis A., 1023
Conf. on Phys. and Schools, 597
Heart A., 701
M. Women, 498
Radiological Soc., 226
State M. Soc. of, 144, 1320
Trudeau Soc., 1023
Woman's Auxiliaries: Indiana, 801; Maine, 801; New Hampshire, 42; Vermont, 42
Wood, Leonard, Memorial Found., 1226
Worcester Found. for Experimental Biology, 802
World Cong. on Fertility and Sterility, 1708
Health Assembly, 227
Health Organization, 145, 227, 1129, 1130, 1229, 1231, 1411, 1709
M. A., 1709
Wyeth, Inc., 1316

T

TB I: See Amithiozone
TEM: See Triethylene Melamine
TV: See Television
TABES DORSALIS
visceral analgesia in, [Grimble] 1049—ab
TACE: See Chlorotrianisene
TACHYCARDIA
paroxysmal, frequency in 1,000 patients, [Master] *195
paroxysmal, in infancy, [Gleckler & Lay] *883
paroxysmal, simultaneous independent, [Bernstein & others] *446
ventricular paroxysmal due to emotion; death from fright, [Harvey & Levine] *479
TALKING: See Speech
Book Recordings: See Books
TALLNESS: See Body height
TANTALUM
vs. polyethylene for cranioplasty, [Lockhart] 217—ab
TAPAZOLE: See Methimazole
TAPE: See Adhesive Tape
TAPEWORM INFECTION: See Teniasis
TATTOOING
viral hepatitis transmitted by, [Hobson] 519—ab
TAX
deferment for individual retirement plans, 898
income (federal), certification of checks in payment of; inequities under internal revenue laws, (Bureau report) 915
TAX—Continued
income (federal) deductibility of postgraduate expenses, (Bureau report) 915
income tax law and fee splitting, (Bureau report) 511
prescription levy under National Health Service, England, 1617
privilege, by hospital, Judicial Council report, 1706; 1707
TEACHING: See Education, Medical
TECHNOLOGISTS
A.M.A. Council Section on schools for, 929; 931; 1693
A.M.A. resolution on relationships between physicians and, 1702
occupational hazards in laboratory workers, 1621
TEETH: See also Dentistry; Gums
artificial, number supplied under National Health Service, England, 1507
caries, mechanism of cariostatic action of fluoride, 1120—E
extraction, poliomyelitis with facial paralysis after, [Snow] 1350—ab
green, in Rh-positive infant, [Hackett] 1544—ab
infected, eye disease cured by removing, [Knapp] 1431—ab
roentgen examination (periodic), 528
TELANGIECTASIA
superficial, in child from diethylstilbestrol given in pregnancy, 1646
TELEBINOCULARS
use in testing school children's eyes, 257
TELEPAQUE: See Acid, Iodopanoic
TELEVISION
A.M.A. Bureau report, 919
American Public Health Association Committee on, A.M.A. Bureau cooperation with, 921
crime programs effect on children's health, 37—E
in medical education, report, 923
physicians should be allowed to televise, Denmark, 1032
Smith-Kline and French Laboratories program from A.M.A. meetings (Chicago annual session) 39; (Denver Clinical Session color television program) 873; 1018; 1313—E
surgery on, London, 237
TEEN-AGE: See Adolescence
TELLURITE Test (Sula's): See Tubercle Bacillus
TEMPERATURE: See Cold; Heat; Tropics
Indoor: See Air conditioning
TEMPERATURE, BODY: See also Fever
low, induced hypothermia for intractadiac surgery, [Cookson] 1629—ab
TEMPORAL BONE
surgical procedures in chronic suppurative otitis media, [Simonton] *461
TENDONS: See Fascia
TENIASIS
allergy due to helminthiasis, Brazil, 1505
TENNESSEE
public health aspects of speech and hearing program in, [Foote] *1390
TENSILON: See Edrophonium
TERATOMA
of neck in newborn infant, [White] 249—ab
of testes in child, [Grotts] 1630—ab
TERMINOLOGY: See also "Words and Phrases" under Medicolegal Abstracts at end of letter M
A.M.A. resolution on definition of medical and dental services, 1703
definition of chronic illness, [Stieglitz] *482
different types of deafness defined, [Fowler] (footnote 1) *678
functional heart disease, [Stigler] 1141—C
revision of anatomic nomenclature, [Corner] 153—C
STANDARD NOMENCLATURE OF DISEASES AND OPERATIONS, report on fourth edition, 895
TERRAMYCIN HYDROCHLORIDE
combined antibiotic action, (Council report) [Jawetz & Gunnison] *893
treatment of burns, [Ritchie] 1721—ab
treatment of epidemic parotitis, [Racca] 1259—ab
treatment of tuberculosis in Fitzsimons Army Hospital, [Tempel] *1165
treatment of whooping cough, [Seelemann] 1437—ab
treatment plus cortisone, and ACTH in fulminant hepatitis, [Ducci] 1147—ab
treatment plus dihydrostreptomycin in brucellosis, [Herrell] 518—ab
treatment plus penicillin in lung abscess, Italy, 1033
TESTES: See also Scrotum
atrophy after mumps, 64
chorionic gonadotropin effect on in adult men, [Maddock] 1344—ab
genetic aspects of x-ray exposures, 176—ab
Hormone: See Androgens
inflammation, aureomycin in mumps orchitis, [Homer & Donovan] *465
inflammation, diethylstilbestrol in mumps orchitis, [Butti] 519—ab
tumors, teratoma (adult type) in child, [Grotts] 1630—ab
tumors (malignant), differential diagnosis, [Hedman] 1157—ab
TESTES—Continued
undescended, cryptorchidism treated with chorionic gonadotropin, [Deming] 1251—ab
undescended, excision to prevent cancer developing, 1163
undescended, in young boy, time for operation, (reply) [Prentiss] 1362
TESTOSTERONE: See Androgens
TETANUS
immunization (toxoid), tetanus known to occur after? 1164
local, site of action of toxin in, [Wright] 1436—ab
prophylaxis and dog bites, 431
toxoid combined with diphtheria toxoid, N.N.R., (Lilly) 1405
tracheotomy and, [Lawrence] 160—ab
treatment, [Segar] 723—ab
TETANY
spasmophilic diathesis and gastrointestinal parasitosis, Paris, 152
TETRACAINE (pontocaine)
combined sciatic and femoral nerve block, [Moore] *530
for nerve blocking in intractable pain, [Bonica] *1584
intravenously for pain and neuromuscular tension, [Horan] 1722—ab
TETRACETINA
treatment in otorhinolaryngologic disease, [Rossi] 729—ab
TETRAETHYLAMMONIUM
chloride treatment of angiospastic syndromes, Italy, 1032
TETRAETHYLTHIURAMDISULFIDE (antabuse): See Disulfiram
TETRAGLYCINEHYDROPERIODIDE: See Globaline
TETRALOGY of Fallot: See Heart, anomalies
TEXAS
Medical Association, library and headquarters, 1128
study of Red Cross gamma globulin as prophylactic for poliomyelitis, [Hammon & others] *750; 796—E
THALLIUM
intoxication in children, [Frank & Hirsch] *586
poisoning, BAL for, [Schild] 1730—ab
THEELIN: See Estrone
THENYLPYRAMINE (histadyl)
appraisal of topical use of, [Ellis & Rundick] *773
THEOPHYLLINE ETHYLENEDIAMINE: See Aminophylline
THEPHORIN: See Phenindamine Tartrate
THERAPEUTICS: See also Blood Transfusion; Drugs; Roentgen Therapy; under names of specific diseases and substances
indiscriminate therapy, 1181—ab
"Progress in Therapy" at Viennese Medical Academy, Oct. 13-18, 424
Self-Medication: See Self-Medication
THERMOTHERAPY: See Diathermy; Fever, Therapeutic; Ultrasonics
THIAMINE
U.S.P., N.N.R., (Squibb) 1221; (Boyle) 1405; (Nion) 1488
THIGH: See also Hip; Pelvis
stab wound, arteriovenous fistula with subacute bacterial endocarditis and endarteritis, [Beckler & Tikellis] *1391
THINKING
forced, in epileptic attacks, [Allen] 622—ab
THIOPENTAL SODIUM
combined with other anesthesia; effect on respiratory minute volume, [Paulson] *983
relief of pain in coronary occlusion, 958
muscle relaxant and, [Beddes & others] *1562
THIOSULFATE: See Sodium Thiosulfate
THIOURACIL
effect on circulating eosinophils, [de la Balze] 522—ab
Propyl—: See Propylthiouracil
toxicity: polyarteritis nodosa, [Dalgleish] 1436—ab
38TH PARALLEL MEDICAL SOCIETY, 1418
THORACIC DUCT
roentgen demonstration in chylothorax, [Zuschneid] 524—ab
THORACOPLASTY: See Thorax surgery
THORACOTOMY: See Thorax surgery
THORAX: See also Chylothorax; Hemothorax; Pneumothorax; Pneumothorax, Artificial; Ribs; Sternum
chest diseases of occupational origin, medical aspects, [Prince] *1173
chest diseases, present trends in diagnosis and therapy, [Peabody] *1469
chest injury causing rupture of arch of aorta, [Summers] 160—ab
chest pain, frequency in functional heart disturbances, [Master] *195
chest x-rays, 5 year program in Vandenburgh County, Indiana, [Crimm] 1534—ab
chest x-rays, 15 million, 48
chest x-rays in bronchial asthma, new technic using forced expiration and inspiration, [Jiménez Díaz & others] *1297
chest x-rays in diseases of chest, [Peabody] *1470
chest x-rays survey, Louisiana, 1409

V J
195

THORAX—Continued
funnel chest, substernal osteopericosteal rib graft strut to repair, [Dailey] *1203
surgery, American Association for Thoracic Surgery, papers for meeting, 1023
surgery, Argentine Congress of Thoracic Surgery (first) 1031
surgery, Board of Thoracic Surgery (officers; requirements; examinations; certification; fees), *416
surgery, exploratory thoracotomy in diseases of chest, [Peabody] *1472
surgery, Monaldi's endocavitary aspiration and thoracoplasty, [Viaz Flores] 1352—ab
wounds (sucking), dangers of emergency occlusive dressing; use catheter inclosed in dressing, [Haynes] *1404
THORN TEST
of adrenal cortical function in sprue, [Diéz Rivas & others] *647
of adrenal cortical insufficiency, 1358
THOUGHT: See Thinking
THROAT: See also Larynx; Neck; Otorhinolaryngology; Pharynx; Tonsils
sore (acute), [Bishop] 1050—ab
sore, repeated, 1358
surgery, relation to poliomyelitis, [Miller] *1532
THROMBIN: See also Blood prothrombin
human, attack rates in homologous serum jaundice, [Paine & Janeway] *200
recovery test, [Sternberger] *1591
THROMBOANGIITIS OBLITERANS
arteriosclerosis obliterans and, [Leão] 832—ab
treatment, amputation, Turkey, 1716
THROMBOCYTES: See Blood platelets
THROMBOCYTOPENIA: See Purpura thrombopenic
THROMBOCYTOPENIC Factor: See Purpura, thrombopenic
THROMBOSIS: See also Embolism
auricular, first case on record to remove thrombus confined to left auricular chamber, [Bloomberg & others] *1216
cerebral, cholesterol in, [Trivella] 1159—ab
Coronary: See also Myocardium infarction
coronary, cholesterol tolerance in, [Wang] 956—ab
diagnosis, thrombin recovery test, [Sternberger] *1591
elastic compression to prevent thromboembolism, [Trimble] 157—ab
etiology: sting of yellow jackets? 1646
of superior vena cava and edema formation, [Rice] 614—ab
postoperative, and electrosurgery, Austria, 236
treatment, coumarin anticoagulants in thromboembolic disease, [Rotter & Meyer] *1188
THRUSH: See Monilíasis
THUMB: See Fingers
THYROID: See also Goiter; Goiter, Toxic; Parathyroid
cancer (primary), [Albeaux-Fernet] 1546—ab
cancer, radioactive iodine in, [Belerwaltes] 1342—ab
conditions, radioisotope laboratory for, N. Y., 1495
disease, menstrual pattern in, [Goldsmith] 1147—ab
disease, serum protein bound iodine estimations vs metabolism in diagnosis, [de Mowbray] 1729—ab
Excision: See Thyroidectomy
Extract: See also Thyroxin
extract, drugs and weight reduction, 1645
extract indicated: hypothyroidism and tuberculosis, 527
hormone and basal metabolic rate, 1059
hyperplasia (congenital) in twins, [Thamdrup] 951—C
Hyperthyroidism: See Hyperthyroidism
Hypothyroidism: See Hypothyroidism
implantation in chronic rheumatism, Paris, 506
implantation in joint diseases, [Mandl] 1410—ab
iodine deficiency in, [Perinetti] 522—ab
uptake of radioiodine in breastfed infant of mothers receiving tracer doses, [Nurnberger & Lipscomb] *1398
THYROIDECTOMY
for heart disease, 1735
radical subtotal, to avoid recurrent hyperthyroidism, [Bartlett] 1633—ab
THYROTOXICOSIS: See Goiter, Toxic
THYROXIN
effect in cholesterol atherosclerosis, [Bainborough] 1532—ab
TIBIONE: See Amithiozone
TIC Douloureux: See Neuralgia, trigeminal
TICKS
Fever from: See Rocky Mountain Spotted Fever
Leptospira icterohemorrhagiae transmitted by, [Schlossberger] 1354—ab
TIN
preparations in acne, 528
TINEA
capitis, convulsions after using asterol on scalp, [Featherston] *1606
capitis in adult and adolescent, [Pipkin] 817—ab
TINEA—Continued
capitis, neurotoxic symptoms after asterol, [Hitch] *1004
circinata of lower limb amputation stump, [Schanberg] *1653
TIREDNESS: See Fatigue
TISSUES: See also Skin; under names of specific organs
biopsy in chest diseases [Peabody] *1472
Fat: See Lipodystrophy
Hortega's silver carbonate methods of staining, [Scharenberg] 1541—ab
Hospital Tissue Committee effective in raising surgical standards, [Welnert & Brill] *992
resistance or pseudoimmunity, postmortem 20 years after mastectomy, [Ficarra] *478
soft tissue sarcoma, [Berri] 1437—ab
wound ballistics and body armor, [Holmes] *23
TOBACCO
cigarettes after operations, London, 237
cigarette filters and lung cancer, 736
smoking and asthma, [Peters] 1540—ab
smoking and cardiovascular system, 1016—E
smoking, etiological factor in hypertension and coronary disease, [Dolgoff] 1536—ab
TODAY'S HEALTH: See American Medical Association
TOES: See also Nails
amputation of, for lesions in diabetic, [Miller] *650
TOLSEROL: See Mephenesin
TONE
pure tone test to determine hearing impairment, [Fowler] *678
TONGUE
cutting frenulum ever justified to correct some speech defect or nursing difficulty? 630
drying of, preventing in chronic illness, 1443
pain in, 1267
TONSILLECTOMY
for tuberculous lymphoma of neck, [Hasler] 1260—ab
general anesthesia for; common hazards, [Rather] 1726—ab
relation to incidence of poliomyelitis, [Miller] *532; [Top] *534; [Wilson] *539
TONSILLITIS: See Tonsils, Infected
TONSILS
Excision: See Tonsillectomy
infected, relation to bacterial allergy, [Chobot] *1480
TOOTH: See Teeth
TOPAMINE
dermatitis from self medication cause of increased hospital costs, [Gaul] 1511—C
TOPEKA, KANSAS
medical care for indigent in, (Council report) 239
TORULOSIS: See Cryptococcosis
TOURNIQUET
for snake bite, (reply) [Raynolds] 1268
TOXEMIA
in Pregnancy: See Pregnancy
TOXIC Goiter: See Goiter, Toxic
TOXICOLOGY: See Poisoning; under names of specific substances
TOXIN: See Tetanus
TOXOID: See Diphtheria; Tetanus
TOXOPLASMOSIS
chorioretinitis, cerebral calcification and microcephaly of child due to? 1444
chorioretinitis in adults, [Wilder] 1246—ab
in human adult, [Kass] 154—ab
in man, clinical signs; serodiagnosis; USPHS Toxoplasma Diagnostic Laboratory services available, [Sabin & others] *1063
TRACHEA: See Laryngotracheobronchitis
TRACHEOTOMY
in eclampsia, [Collins] 156—ab
in poliomyelitis, [Backkevoid] 1731—ab
in poliomyelitis in children, [Baumeister] 723—ab
in poliomyelitis, use trypsin solution with, [Steigman & Scott] *1403
in tetanus, [Lawrence] 160—ab
TRACHOMA
control measures [Silván] 1350—ab
control, WHO outlines methods, 54
TRACK
records, physiological limits for running foot races, 593—E
TRADE
Hazard; Poisoning etc: See Industrial Diseases; Industrial Health; etc.
Unions: See Industrial Trade Unions
TRAFFIC Accidents: See Automobiles
TRAINING: See Education, Medical; Nurses and Nursing
TRAINS: See Railroads
TRANSFUSION: See Blood Transfusion
TRANSPORT Medium: See Specimens
TRANSPORTATION: See Automobiles; Aviation; Railroads; Ships
of Sick and Wounded: See Ambulance
TRANSPOSITION of the Great Vessels: See Heart anomalies
TRANSURETHRAL Resection: See Prostate surgery
TRAUMA: See also Accidents; Burns; Disasters; Fractures; Korean War; Wounds; under specific organs; Medicolegal Abstracts at end of letter M
TRAUMA—Continued
Athletic: See Athletics
chylothorax after, [Wright] 521—ab
Industrial: See Industrial Accidents
irritability after, 167
Osteoporosis after: See Osteoporosis
personality appraisal of injured, [Monheimer] 158—ab
poliomyelitis following, 64
symposium on (Md.) 699; (Mich.) 1020
traumatic surgery and vascular disease, Austria, 236
TRAVELING: See also Automobiles; Aviation; Railroads; Ships
Fellowships: See Fellowships
Mecca pilgrimage, health hazards, 1711
yellow fever vaccination certificate before going to South Africa, 227
TRAVERT: See Sugar, invert
TRAVIS, JOHN M.
awarded A.M.A. General Practitioner's Gold Medal; portrait; biographical sketch, 1492—E; 1676
TREATMENT: See Therapeutics
TREATY-MAKING
A.M.A. resolution to limit, 898; 1704
TRENT (Josiah C.) Lecture: See Lectures
TREPONEMA
immobilization test in syphilis, [Moore & Mohr] *170
pallidum infection: See Syphilis
TRICHINOSIS
National Conference on, sponsored by A.M.A., 698; 888; 1412; 1685
raw garbage and, 709
TRICHOMONAS
infestation and false diagnosis of squamous cell carcinoma, [Bechtold] 1248—ab
urethritis in male, 527
vaginitis in pregnant women, [Aguero] 524—ab
TRICHOPHYTON tonsurans: See Tinea capitis
TRICOMBASUL: See Acet-Dia-Mer-Sulfonamides
TRIDIONE: See Trimethadione
TRIETHYLENE MELAMINE
treatment of cancer, 1017—E
treatment of leukemia, [Sturgis] *1553
treatment of neoplastic disease, [Rundle] 57—ab
treatment of polycythemia vera, [Rosenthal] 1532—ab
TRIFONAMIDE: See Meth-Dia-Mer-Sulfonamides
TRIGEMINAL Neuralgia: See Neuralgia, trigeminal
TRIMETHADIONE (Tridione)
evaluate standard anticonvulsant therapy, [Yahr & others] *663
TRIMETHYLENE: See Cyclopropane
TRIMETON: See Prophenpyridamine
TRIPELENNAMINE HYDROCHLORIDE (pyribenzamine)
as local anesthetic for urethral manipulation, [Fitzpatrick & others] *1092
topical use appraised, [Ellis & Bundick] *273
TROMEXAN Ethyl Acetate: See Ethyl Biscoumacetate
TROOPS: See Army, U. S.; Armed Forces; Korean War; Medical Preparedness
TROPICAL DISEASE: See Filariasis; Leishmaniasis; Malaria; Yellow Fever
TROPICAL SPRUE: See Sprue
TROPICS
basal metabolism in, Brazil, 1328
TRUMAN, HARRY S.
A.M.A. President Bauer replies to, on socialized medicine, 495
President's Commission: See President's Commission
TRUSS
peripheral vascular disease from truss used for inguinal hernia? 434
TRUSTEES: See American Medical Association Board of Trustees
TRYPANOSOMIASIS
award for African sleeping sickness, 1229
TRYSIN
solution, use with tracheotomy in poliomyelitis, [Steigman & Scott] *1403
TRYPTAR
use with tracheotomy in poliomyelitis patients, [Steigman & Scott] *1403
TUB: See Bathtubs
TUBE: See Catheters; Endotracheal Tube; Polyethylene tubing
TUBERCLE BACILLUS
intracellular, and isoniazid, [Mackaness] 1534—ab
streptomycin resistance and PAS, [Friedman] x19—ab
streptomycin resistance, Sula's tellurite test to determine, [Meyer] 731—ab
TUBERCULIN
control of BCG vaccination, Norway, 1331
reaction in assay of irradiated or BCG vaccine, [Sarber] 1721—ab
reaction, inhibited by local injection of compound F, [Goldman & others] *30

TUBERCULOSIS: See also Tuberculosis of Lung; under names of specific diseases and organs; Medicolegal Abstracts at end of letter M
blood clotting tests in far-advanced type, [Friedman & others] *83
case finding, chest x-rays, 5 year program, Vanderburgh County, Ind. [Crimm] 1534—ab
case finding, 15 million chest x-rays, U. S., 48
case finding, systematic examinations in school staffs, Denmark, 665
center, student, London, 1715
complicating sickle cell anemia in Negroes, [Weiss] 431—ab
complications: diabetes, [Dillon] 1629—ab
complications: hypothyroidism; thyroid extract indicated, 327
complications: leprosy, [Lima] 1054—ab
Control: See also Tuberculosis, immunization, BCG
control, campaign week, Turkey, 427
course for laymen, Minn., 802
course in, Canada, 145
diagnosis, yolk sac diagnosis, 1604—E
epidemics in two primary schools, Japan, 1330
experimental, cortisone and/or streptomycin in, [Ragazzini] 1642—ab
hospitalization in, problem, [Peabody] *1475
Immunization, BCG, [Peabody] *1475
immunization, BCG, at two universities of Zurich, [Wegmann] 1352—ab
immunization, BCG, deficiencies in knowledge of BCG vaccine, [Levine] 245—ab
immunization, BCG, duration of immunity conferred by, Sweden, 427
immunization, BCG, first results of mass vaccination in India, [Ranganathan] 520—ab
immunization, BCG, in Japan, (correction) 230
immunization, BCG laboratory in Bergen, Norway, 1331
immunization, BCG, of children, UN report, 1229
immunization, BCG, reactions and tuberculous diseases after BCG inoculation, [Delachaux] 1158—ab
immunization, BCG, team sent by WHO to Sarawak, 145
Imnunization, BCG, tuberculin control of, Norway, 1331
immunization, BCG, tuberculous pulmonary infiltration as sequel to, [James] 1434—ab
immunization, BCG, undesirable secondary effects on 7 young children, [Keizer] 1259—ab
immunoallergic relations between leprosy and, [Fernández] 1048—ab
in cats contracted from owner, 1736
in children, treatment, Israel, 1328
in old age, problem of, [Peabody] *1475
incidence of disabling diseases, [Gelperin] 715—C
infant with tuberculous mother, (reply) [Steigman] 258
luposa (lupus vulgaris), provitamins for, [Cerri] 622—ab
Mexican National Congress of (5th), 1413
Middlebrook-Dubos reaction, Switzerland, 51
miliary, treatment with streptomycin and paraaminosalicylic acid; change to isoniazid with streptomycin; 629
Mississippi Valley Conference on, 397
Prevention: See Tuberculosis, control; Tuberculosis, immunization
primary, in adults, [Meyers] 1629—ab
problem, [Peabody] *1475
pseudotuberculous symptoms in psittacosis, [Grobli] 730—ab
Saglam (Tevfik), contributions, Turkey, 712
symposium on, by A.A.A.S., 1608
Treatment: See also Tuberculosis, complications; Tuberculosis, in children; Tuberculosis, miliary
treatment, p-aminosalicylic acid, serious accident, Paris, 506
treatment, antibacterial: streptomycin and PAS: Committee on Therapy, American Trudeau Society, 574—ab
treatment, antimicrobial, current status, [Carr] *1179
treatment, facilities to be checked, Chicago, 1494
treatment, isoniazid, [Tuczek] 1052—ab; [Maroncelli] 1730—ab
treatment, isoniazid and iproniazid, American Trudeau Society requests data on toxicity, 1130
treatment, isoniazid, British experience with, 1138
treatment, isoniazid, experiments, Japan, 50
treatment, isoniazid in local lesions, [Sanguigno] 832—ab
treatment, isoniazid, Italian society discusses, 1616
treatment, isoniazid, reactions after, [Hofstra & others] 509—C
TUBERCULOSIS—Continued
treatment, Lincoln bacteriophage, studies on, [Saslaw & others] 52—C
treatment, pyrazinamide, [Yeager] 56—ab
treatment, specific drugs at Fitzsimons Army Hospital, [Tempel] *1165
treatment, streptomycin of minimal type, [Florey] 56—ab
Vaccine, BCG: See also Tuberculosis, immunization
vaccine, BCG or irradiated, tuberculin skin reaction in assay of, [Sarber] 1721—ab
TUBERCULOSIS OF LUNG (pulmonary tuberculosis): See also Bronchus tuberculosis
bronchoscopy for atelectasis in children, [Gans] 1154—ab
bronchoscopy safeguard in: face shield with mirror riveted to head piece, [Wetrich] *1308
Case Finding: See Tuberculosis
complications: spontaneous fracture of sternum, [Rasch & Small] *209
cultures from laryngeal swabs in, [Smedsrud] 831—ab
incidence in constantly observed group, [Gomez] 1341—ab
infiltration, as sequel to BCG vaccination, [James] 1434—ab
pregnancy advisable in? (reply) [Wilmer] 1286
surgical treatment, [Peabody] *1475
surgical treatment, complications after resection, [Pisani] 1051—ab
surgical treatment, Monaldi's endocavitary aspiration and thoracoplasty, [Viar Flores] 1352—ab
surgical treatment, resection, [Sive] 825—ab; [Blickman] 1154—ab
treatment, p-aminosalicylic acid in complications [de Beule] 1054—ab
treatment, artificial pneumothorax induced by lung puncture, [Moyes] 1156—ab
treatment, chemotherapy, Medical Research Council trials, [Daniels] 621—ab
treatment, collapse measures, [Peabody] *1473
treatment, collapse therapy and tuberculous cavities, Brazil, 949
treatment, hiatus pneumocele complicating therapeutic pneumoperitoneum, [Friedman] *211
treatment, high doses of p-animosalicylic acid in, [Phillips] 245—ab
treatment, hydrazide derivatives of isonicotinic acid, [Selikoff & others] *973
treatment, isoniazid (Denmark) 49; [Tanner] 1158—ab; [Arrospide] 1546—ab; (Italy) 1616
treatment, isoniazid and iproniazid resistance, [Nash] 813—C
treatment, specific drugs, at Fitzsimons Army Hospital, [Tempel] *1165
TUITION Fees: See Schools, Medical
TULAREMIA
bacteremia, antibiotics and chemotherapy for, [Herrell] *1452
TUMORS: See also under names of specific organs; types of tumors
amyloid, of urinary bladder, [Poutasse & Fisher] *96
Chicago Tumor Institute, elects officers, 224
children's tumor registry by American Academy of Pediatrics, 1130
clinic organized at Louise Obici Memorial Hospital, Va., 1710
diagnosis, International College discusses, 235
diagnosis with quinacrine, [Cramer] 1640—ab
Malignant: See also Cancer; Sarcoma
malignant, metastatic, of skin, [Montgomery] *1188
malignant, refresher course on, Canada, 43
masculinizing tumors of ovary, Belgium, 236
mixed, of lung, [Ehrenhaft] 821—ab
seminar (annual) to be held in San Antonio Nov. 1, Texas, 700
treatment, cortisone and/or streptomycin, [Ragazzini] 1642—ab
treatment, lead chessboard sieve in radiotherapy, [Jolles] 1542—ab
TUNG NUT
poisoning, [Balthrop] 1637—ab
TWINS
congenital thyroid hyperplasia in, [Thamdrup] 951—C
craniopagus, [Durr] *93
identical, lymphatic leukemia in, [Stobbe] 1732—ab
TWO-STEP Test (Master): See Heart function
TYPHOID: See also Paratyphoid
at day camp, New York, 143
eosinophils in peripheral blood of patients, [Mazzodeni] 252—ab
outbreak, Minn., 699
treatment, antibiotics and chemotherapy, [Hughes] *1456
treatment, cortisone plus chloramphenicol, also vaccine therapy, Italy, 1329

U

UMT: See Military, universal military training
UNESCO: See United Nations
ULCERS: See also Colitis, ulcerative; Decubitus; Peptic Ulcer; under specific organs and regions
of leg in Felty's syndrome, [Schoch] 1625—ab
on plantar sole of foot in diabetic, [Miller] *850
ULCUS Molle: See Chancroid
ULNA
pinning in comminuted fractures of distal end of radius, [DePalma] 824—ab
ULTRASONICS
effect on organism, [Tillich] 1354—ab
sound waves and kidney stones, 327
therapy, effect on Sudeck's atrophy, [Kübler] 1354—ab
ULTRAVIOLET RAYS
hemo-irradiation ineffective (Knott's method), [Wakim] 822—ab
irradiated plasma, viral hepatitis after using, [Thompson] 1636—ab
ULTROPAK MICROSCOPE
to examine protective urine colloids, [Butt & others] *1097
UMBILICAL CORD
true knot of, resulting in fetal death, [Peterson] *1009
UMBILICUS
cancer, metastatic, [Clements] *556
UNCINARIASIS: See Ancylostomiasis
UNCONSCIOUSNESS: See Sleep
UNDERGRADUATE Work: Students; etc.: See Education, Medical; School, Medical; Students, Medical; University
UNDERNUTRITION: See Nutrition; Starvation
UNDULANT FEVER: See Brucellosis
UNIFORMS
medical, salesman: E. M. Williams, warning, [Greentree] 238—C
UNIONS: See Industrial Trade Unions
UNITED MINE WORKERS OF AMERICA
survey of program, (Council report) 936; 1693
UNITED NATIONS
coordination of international medical meetings sponsored by UNESCO, 51
World Health Organization: See World Health Organization
UNITED STATES: See also American; Federal; National
Air Force: See Aviation, U. S. Air Force
Armed Forces: See Armed Forces
Army: See Army, U. S.
Atomic Energy Commission: See Atomic Energy
Congress, Legislation considered by: See Laws and Legislation, federal
Department of Agriculture, notice to laboratories studying animal diseases, 1327
employees, A.M.A. resolution on right of to obtain personal physician, 1702
employees, election laws and regulations, 493
executive departments, A.M.A. resolution on continuing Civilian Medical Advisory Committees in, 1694
executive departments, reorganization, 898
Food and Drug Administration: See Food
Government Agencies, (A.M.A. Bureau cooperation with) 922
Government Control of Medicine: See Insurance, sickness (compulsory); Medicine, socialized
Government Employees: See subhead: Employees
government, health activities A.M.A. resolution on health activities of, 1703
Government Hospital Building Program: See Hospitals, building; Hospitals, veterans
government, responsibilities in medical care of the citizen, A.M.A. resolution on, 1704
Laws and Legislation: See Laws and Legislation, federal
Navy: See Navy, U. S.
Public Health Service: See Health, USPHS
Veterans Administration: See Veterans Administration
UNIVERSAL Military Training: See Military
UNIVERSITY: See also Education, Medical; Schools, Medical; under names of specific universities as Yeshiva University
college record of 1951 freshman class: "A"-"C" students admitted, *118
Degrees: See Degrees
discipline, social medicine as, Norway, 1421
Faculty: See Schools, Medical
of Buenos Aires (courses on political formation) 1031
of California (cancer of breast), [Shimkin] 619—ab
of California at Los Angeles, new medical school, *125
of Chicago School of Medicine (celebrate 25th year) 40; (2 laboratories dedicated) 1494
of Cordoba Congress of Medicine (first) Argentina, 710

V 1
195

UNIVERSITY—Continued
of Florida (seminar in ophthalmology and otolaryngology) 1494
of Illinois (students at required to read *Today's Health*) 1225
of Kansas (cardiovascular research) 1494
of Massachusetts, new medical school, *125
of Missouri, new medical schools, *125
of North Carolina, new medical schools, *125; 139—E
of Pennsylvania (appoints Dr. Topping vice-president) 222; (affiliated with Marriage Council) 1411; (form alliance with Pennsylvania Hospital) 1496; (cancer research project) 1607
of Puerto Rico, new medical school, *125
of Vienna Medical Faculty (American Medical Society of Vienna) 145; [Kline] 428—C
of Virginia Hospital (panel on suicide as leading cause of death) 696—E; (correction: Sheppe instead of Sheffe) 1131; (new Crax) 1709
of Zurich (BCG vaccination) [Wegmann] 1352—ab
Premedical Work: See under Basic Sciences; Education, Medical, premedical
Students: See Students, Medical
Université Libre, Brussels, courses in genital cytology, 43
UREIDE of Mesoxalic Acid: See Alloxan
UREMIA
mild cause of: adrenal insufficiency or uropathy, 1646
URETHANE
treatment of leukemia, [Sturgis] *1553
URETHRA
cancer in male diagnosed by sponge biopsy, [Gladstone] *212
cancer, plastic induration of penis mistaken for, 759
chancroidal infection, 1164
inflammation (nonspecific): See Urethritis
manipulation, antihistamines as local anesthetic for, [Pfitzpatrick & others] *1092
obstruction, possible primary atony of bladder, 629
URETHRITIS
Reiter's syndrome, corticotropin for, [Goldeck] 1347—ab
Reiter's syndrome, prostatovesiculitis, and abacterial infectious pyuria, [Romanus] 1545—ab
trichomonas, in male, 527
URINARY SYSTEM: See also Bladder; Kidneys; Urethra
calculi, dissolution, [Suby] 1251—ab
calculi, role of gout in formation, [Kittredge] 723—ab
changes in diabetes insipidus, [Chang & Mantell] *1307
infection, chemotherapy and antibiotics for, [Nesbit & Baum] *1459
moniliasis, [Taylor] 1051—ab
Roentgen Study: See Urography
URINATION: See Urine, incontinence; Urine, retention
URINE
alkaline, how can urine of patient on low sodium diet be rendered alkaline? 528
amino-aciduria (renal) [Harper] 1531—ab
colloids (protective), examine with ultropak microscope, [Butt & others] *1097
Hemoglobin in: See Hemoglobinuria
Hormone excreted by Pregnant Women: See Gonadotropins, chorionic
hyaluronidase effect on, [Butt & others] *1096
incontinence, Stress Incontinence (film review) 1143
17-ketosteroids, effect of chorionic gonadotropin in adult men, [Maddock] 1344—ab
17-ketosteroids in adrenal virilism, [Jailer & others] *575
17-ketosteroids, in obesity in 29-year old woman, 1645
17-ketosteroids, pubic hair on 6-year-old girl, 1645
17-ketosteroids test of adrenal cortical function in sprue, [Díez Rivas & others] *647
Polyuria: See Diabetes Insipidus
Porphyrin in: See Porphyria
Pus in: See Pyuria
radioactive elements in, to determine gastric acidity, [Maurer] 523—ab
Red: See Hemoglobinuria
retention (acute) as complication of pregnancy; gradual emptying of bladder, [Holmes] 428—C; [Hymes] 1620—C
retention from bar of tissue crossing bladder, 1550
Sugar: See Diabetes Mellitus
treatment of shreds that appear in first glass of, 629
UROGENITAL SYSTEM: See Genitourinary System
UROGRAPHY: See also Pyelography
changes in diabetes insipidus, [Chung & Mantell] *1307
UROLITHIASIS: See Urinary System calculi
UROLOGY
American Board of: See American Board
UTAH
study of Red Cross gamma globulin to prevent poliomyelitis, [Hannon & others] *739; 796—E
UTERUS: See also Placenta
Adnexa: See Oviducts
bacteremia with pleuro-pneumonia-like organisms in postpartum patient, [Slingerland & Morgan] *1309
Cancer: See UTERUS CANCER *following*
cervicitis (chronic) [Hammen] 1440—ab
cervix, annular detachment, [Jeffcoate] 956
cervix, postpartum, [Moore & Hill] *1187
cervix, repair of damage immediately post partum, [Douglass] *1061
hemorrhage, estrogens in, [Hurxthal] 1634—ab
Hemorrhage (Functional): See Menstruation
Mucosa: See Endometrium
surgery, prolapse of vaginal vault after hysterectomy, [Shaw] 1047—ab
use of water in hysteroscopy, [Liber; La-Canna] 609—C
UTERUS CANCER
cervical, radiation dosage in, [Porter] 1252—ab
cervical, surgical management, [Kelso] 156—ab
diagnosis, screening for cervical cancer in internist's office by routine vaginal smears, [Fremont-Smith & Graham] *587
diagnosis, technique of Papanicolaou smear, 64
diagnosis, trichomonas infestation and false diagnosis of squamous cell carcinoma, [Bechtold] 1248—ab
intraepithelial, of cervix, [Scapier] 1428—ab
treatment, diathermic coagulation, [ten Berge] 622—ab
treatment, fractures of femoral neck after x-ray exposures, 531—ab

V

V.D.M.: See Vasodepressor Material
VACATIONS
dangerous, for children, 1615
diarrhea and, [Ansbacher] 509—C
VACCINATION: See Immunization; under names of specific diseases as Smallpox; Yellow Fever
BCG: See Tuberculosis, immunization
VACCINE: See under names of specific diseases as Whooping Cough
BCG: See Tuberculosis, immunization
Irradiated: See Tuberculosis
17D: See Yellow Fever
VACCINIA
milker's nodules, [Nomland] 612—ab
virus, aureomycin effect on, [Cabasso] 1345—ab
VAGINA
bleeding in 6 year old girl, 1265
cancer (primary), [Messell] 1046—ab
discharge in girl (aged 8), 958
prolapse of vault after hysterectomy, [Shaw] 1047—ab
smears (routine), screening for cervical cancer in internist's office, [Fremont-Smith & Graham] *587
VAGINITIS
Trichomonas: See Trichomonas
VAGOTOMY: See Nerves, vagotomy
VALLEY FEVER: See Coccidioidomycosis
VAN METER Prize: See Prizes
VARICELLA: See Chickenpox
VARICOSE VEINS
Esophageal: See Esophagus
VARIDASE: See Streptokinase-Streptodornase
VARIOLA: See Smallpox
VASCULAR: See Blood Vessels
VASODEPRESSOR MATERIAL (V.D.M.)
functions of ferritin, 36—E; (correction) 1025
VASOMOTOR SYSTEM
new vasodilator: "angiodiactin," Argentina, 1031
traumatic vasospastic disease of hand from using vibratory tools, [Hoerner] 515—ab
vasoconstrictor effect of antimetabolite, [Spies & Stone] *1599
VECTORCARDIOGRAPHY, 172—ab
VEGETABLES: See also specific names as Endive
contaminated with Endomoeba hystolytica, acetic acid solution for, [Jones] 1341—ab
VEGETATIVE Nervous System: See Nervous System, Sympathetic
VEINS: See also Blood Vessels
azygos, orifice, obstruction of superior vena cava of 25 years' duration, [Rose] *1198
Caval: See Vena Cava
Fistula: See Fistula, arteriovenous
grafts used in surgical treatment of arteriosclerosis, [Julian] 1537—ab
Injection into: See Injections, intravenous
VEINS—Continued
jugular, anastomosis to carotid artery in cerebral palsy, [Battezzati] 1436—ab
jugular compression, dangers of lumbar puncture and, 646—ab
Portal: See Portal Vein
pulmonary, anomalous drainage, surgery for, [Dey] *23
roentgen study, in obstruction of superior vena cava of 25 years duration, [Rose] *1198
Thrombosis: See Thrombosis
VENA CAVA
inferior, ligation, late results in cardiac decompensation, [Berto] 522—ab
permeability tests of surgical anastomoses of portal and caval systems, [Leger] 623—ab
superior, obstruction of 25 years' duration, [Rose] *1198
superior, perforation of aortic aneurysm into, [Jackson & others] *1106
superior, thrombosis of, and edema formation, [Rice] 614—ab
VENEREAL DISEASE: See also Chancroid; Gonorrhea; Syphilis
incidence, U. S., 1137
symposium, papers for, 1710
treatment center at London Lock Hospital closed, records complete from 1746-1952, 1484—ab
VENOGRAPHY: See Veins, roentgen study
VENOM: See Snakes
VENTILATION: See Air conditioning
Hyperventilation: See Respiration
VENTRICULAR TACHYCARDIA: See Tachycardia
VENTRICULIN
treatment of pernicious anemia in patient sensitive to Vitamin B_{12}, 1058
VERRUCA: See also Chromoblastomycosis
of lower amputation stump, [Schamberg] *1653
verrucose fever of Guaitara in Colombia, 1237
VERTEBRAE: See Spine
VERTIGO
aural, Ménière's syndrome, treatment with procaine hydrochloride, any value? 528
VESICULITIS: See Seminal Vesiculitis
VETERANS: See also American Legion
A.M.A. resolution on as respected and independent citizens of nation, 1704
G.I. Bill: See G.I. Bill
in medical schools and schools of basic sciences, *113; *115
Medical Care: See also Hospitals, veterans
medical care, A.M.A. resolutions on, 892
medical care, eligibility for, by Veterans Administration, [Booher] 1683
medical care, A.M.A. resolution on local care of service connected disabilities, 1704
physicians placement assistance for, 911
physicians, survey of discharged medical personnel, (Council report) 39; 911
World War II, intensive regressive electroconvulsive therapy in schizophrenia, [Garrett] 518—ab
VETERANS ADMINISTRATION
course in psychiatry and neurology by, 603
Hospitals under control of: See Hospitals, veterans
VIBRATION
traumatic vasospastic disease of hand from using vibratory tools, [Hoerner] 515—ab
VIENNA
American Medical Society of Vienna, 145; [Kline] 428—C
Viennese Medical Academy course, "Progress in Therapy," Oct. 13-18, 424
VIOMYCIN
treatment of tuberculosis at Fitzsimons Army Hospital, [Tempel] *1165
VIRGINIA
University of: See University
VIRILISM: See also Hermaphroditism
adrenal, diagnosis; treatment, [Jailer & others] *575
adrenocortical tumor in liver of boy with signs of, [Wilkins] 1043—ab
masculinizing tumors of ovary, Belgium, 238
VIRUS: See also Newcastle Disease; Poliomyelitis; Vaccinia
attenuated, in autogenous blood serum to treat herpes zoster, [Bondurant] 518—ab
calculated incidence of, in blood donor populations and in albumin pools, [Paine & Janeway] *201
Coxsackie: See Coxsackie Disease
diseases, search for, by Rockefeller Foundation's laboratories, 1129
Hepatitis: See Liver Inflammation
Pneumonia: See Pneumonia, atypical primary
VISAMMIN: See Khellin
VISCERA: See also under names of specific organs
analgesia in tabes dorsalis, [Grimble] 1049—ab
pain (intractable), management of, [Bonica] *1580

VISION: See also Eyes; Glasses; Ophthalmology
illumination and, relating to occupation, etc., (Council report) 909
Loss of: See Blindness
testing school children, comparative values of telebinoculars, standard Snellen methods, and stereoscope, 257
testing school children, problems, [Witter] 618—ab
VISUAL AID
in teaching radiation therapy: narrow beam of light, [Cohen & Rosh] *1306
VISUAL INSTRUCTION: See Moving Pictures; Television
VITAL STATISTICS
birth rate and marriages, London, 1330
birth rate, record number, Illinois, 1317
Death Rate: See also Fetus death; Infants, mortality; Maternity mortality; under names of specific diseases
death rate, London, 1420
death rate, 6 leading causes in 1900 and 1951, (Commission article) [Stieglitz] *182
death rate, trends in U. S., 1900-1949, 492—E; [Dickinson & Welker] *510
Inter-American Center of Biostatistics, 709
numerical predominance of women over men in U. S., 1222—E
of Greenland, 48
VITAMINS
Deficiencies: See also under names of specific vitamins
deficiencies after using antibiotics, 627
deficiencies, Rice and Health (film review) 428
role in activity of myocardium, Italy, 1507
VITAMINS A
deficiency: hypothyroidism, and liver damage in hyperkeratosis, [Shaw] 1425—ab
treatment plus vitamin D, streptomycin, and PAS in osteoarticular tuberculosis, Italy, 1033
treatment, single massive dose in Niemann-Pick disease, [Castellanos] 727—ab
VITAMINS B COMPLEX: See also Acid, *p*-aminobenzoic; Acid, folic
before athletic contests, 166
B_{12}: See Acid, nicotinic; Thiamine
Bx: See Cyanocobalamin
VITAMINS C: See also Acid, ascorbic
mitigation of fluorosis, [Wadhwani] 162—ab
VITAMINS D
provitamins D for lupus vulgaris and common acne, [Verri] 622—ab
resistant rickets, 1359
rickets and, 1207—ab
treatment plus vitamin A, streptomycin, and PAS in osteoarticular tuberculosis, Italy, 1033
VITAMINS K
treatment, no value in valvular heart disease, 1549
treatment of Dupuytren's contracture, [Richards] 1049—ab
treatment plus corticotropin, and cortisone in retrolental fibroplasia, [LaMotte] 155—ab
VITAMINS K
K_3, intravenous emulsified, for coumarin-induced hypoprothrombinemia, [Stragnell] 1040—ab
VITILIGO: See also Albinism
adhesive tape, [McKusick & Stacey] 1332—C
VIVISECTION: See Animal Experimentation
VOCABULARY: See Terminology
VOCATIONAL REHABILITATION: See Rehabilitation
VOICE: See Speech
VOMITING: See also Nausea
postoperative, dimenhydrinate to control, [Hume] 718—ab
VOODOO DEATH
paroxysmal ventricular tachycardia due to emotion, [Harvey & Levine] *479
VOTING: See Elections
VULVA: See Episiotomy
Pruritus: See Pruritus vulvae

W

WHO: See World Health Organization
WAGE EARNERS: See Industrial Health
WAGES
A.M.A. resolution on continuing special pay for medical and dental officers of armed forces, 1701
internship stipends, (Council report) *277; *278
Tax on: See Tax, income
WALKING: See Running
WAR: See Korean War; World War II
Bacteriologic Warfare: See Biologic Warfare
Casualties: See Korean War
Civilian Defense against: See Civilian Defense
Heroes: See Korean War, Heroes
Preparedness for: See Civilian Defense; Medical Preparedness
WAR—Continued
Prisoners: See Prisoners
Veterans: See Veterans
WARBURG, ERIK
"Festschrift" to, Greenland, 49
WARTS: See Verruca
WASHING
scrubbing and washing procedures after contagious diseases, 257
WASHINGTON
Monument, history of A.M.A. memorial stone placed in interior wall of, 1855-1887, 1225
Office: See American Medical Association
property for A.M.A., (Reference Committee report) 1684
Psychiatric Society Essay Contest: See Prizes
WATER: See also Baths; Drowning; Swimming; Washing
body floating on top of water in drowning, 1163
distilled, given by hypodermoclysis, 942—E
Ile Hydromassage Subaqua Therapy units, 1317
intoxication in surgical patients, [Zimmermann] 60—ab
Metabolism: See Dehydration
palatability, 65
pollution control program, 48
retention, bilateral adrenalectomy; cortisone replacement therapy, [Hollander] 1629—ab
retention, cation-exchange resins for, [de Gennes] 1137—ab
sea water and carbohydrate in extreme privation, 1017—E
shallow, death following dive in, 736
softening ability, 167
softeners, sodium chloride in, 167
supply, Broad Street pump cause of cholera in Soho in 1854, 453—ab
supply contaminated from faulty water connection to autopsy table, [Bundesen & Connolly] 1333—C
supply, fluoridation, 899
supply, fluoridation, forum on, Mo., 1021
supply, fluoridation, Kansas, 595; 1686
supply, fluoridation, mechanism of cariostatic action, 1120—E
supply fluoridization, San Francisco and Antioch begin, 800
supply, kidney function and chronic fluorosis, [Bond] 620—ab
supply, vacations and diarrhea, [Ansbacher] 509—C
test (Kepler) of adrenal cortical function, [Diez Rivas & others] *647; 1358
use in hysterectomy, [Liber, LaCanna] 689—C
well water containing excessive nitrates, 434
WATERHOUSE-FRIDERICHSEN SYNDROME
treatment cortisone, [Breen] 729—ab
WAYNE UNIVERSITY
cancer detection in, 42; 1686
WEARING Apparel: See Clothing; Shoes; Uniforms
WEEDS
pollen allergy in Southwest, [Swinny] *1164
WEIGHT: See Body weight; Obesity
WEIL'S Disease: See Jaundice
WELFARE State: See Socialism
WELL Water: See Water
WELLCOME Medal: See Prizes
WERDNIG-HOFFMANN DISEASE
muscular dystrophies, [Ramsey & McCarroll] *659
WERLHOF'S Disease: See Purpura, thrombopenic
WEST OLIN, (portrait) 594; 889; 1684; (death) 888
WEST VIRGINIA UNIVERSITY
new medical schools, *125
WESTERN RESERVE UNIVERSITY
course in forensic medicine, 1687
WHEAT
germ, defatted, for improving nutritive value of flour, [Westerman] 516—ab
straw (mite infected) source of grain itch, [Booth & Jones] *1575
WHEEZING
unsuspected bronchiectasis in asthmatic patient: "Overholt pulmonary syndrome," [Friedman; Waldbott] 1512—C
WHITAKER and Baxter: See American Medical Association, National Education Campaign
WHITE BLOOD CELLS: See Leukocytes
WHITE-LEE Coagulation Time: See Lee
"WHITE PAPER": See National Health Service, England
WHITE-WOLFF-PARKINSON Syndrome: See Wolff
WHOOPING COUGH
immunization, London, 686
treatment, tetramycin, [Seelemann] 1437—ab
vaccine, Medical Research Council report, London, 1330
WILDER-Cutler Test: See Cutler-Wilder Test
WILDLIFE
Disease Association, [Herman] 52—C
WILLIS, Circle of, Aneurysm of: See Aneurysm
WILSON, FRANK N.
new director of A.M.A. Washington Office
WINTROBE Memorial Fund: See Foundations
WIRE
guide and umbrella-like dilator for aortic stenosis, [Bailey & others] *1647
intravascular wiring ("pack" method) for aortic aneurysms, [Linton] 517—ab
WIRELESS: See Radio; Television
WITHERING, WILLIAM
Foxgloves in Medicine, (film review) 1338
masterpiece of clinical research, 72—ab
WOMAN'S AUXILIARY
entertainment at Denver Clinical Session, 865
9th annual conference, Chicago, Nov. 6-7, 591
president's address outlining history, work accomplished; National Office with Miss Wolfe as secretary, [Eusden] 1681
their loyal support of *Today's Health*, 894; 895
WOMEN: See also Marriage; Maternity; Menopause; Menstruation; Pregnancy
in Medicine: See Nurses and Nursing; Physicians, women; Students, Medical, women
married (older), employment of; distaff side of medical personnel problems, [Church] 715—C
numerical predominance of over men in U. S., 1222—E
track records, physiological limits for running foot races, 593—E
WOLFF-PARKINSON-WHITE SYNDROME
in infancy, [Gleckler & Lay] *687
WOOD ALCOHOL: See Methyl Alcohol
WOOLTON, FREDERICK JAMES MARQUIS, 1st baron
moral climate of the welfare state, London, 237
WORCESTER Foundation: See Foundations
WORDS AND PHRASES: See Terminology; Medicolegal Abstracts at end of letter M
WORK: See Industrial Health
Pay for: See Wages
WORKING CONDITIONS: See Industrial Hygiene
WORKMEN'S COMPENSATION: See also Industrial Accidents; Medicolegal Abstracts at end of letter M
A.M.A. Council report, 910
A.M.A. resolutions on medical relations in, 890
health education through compulsory state compensation programs, [Farrell] *654
industrial noise and impaired hearing, 798—E
tests for determining hearing impairment and disability, [Fowler] *678
WORLD CONFERENCE
on Medical Education (first), 888; 927; (President Bauer's page discusses) 1314; 1686
WORLD CONGRESS
of Jewish Physicians in Jerusalem, 1328
on Fertility and Sterility, first, 1710
WORLD HEALTH ORGANIZATION
cancer mortality studied by, 1130
council for coordination of international medical meetings, Switzerland, 51
insect control programs, 1231
malaria campaign, 1231
malaria control in Burma, 1711
Mecca pilgrimage health hazards eliminated, 1711
trachoma control, methods outlined, 54
tuberculosis and malaria operations in Sarawak, 145
WORLD LEAGUE: See United Nations
WORLD MEDICAL ASSOCIATION
International Labor Organization and, [Bauer] 1686
report from Japan Medical Association on socialized medicine in Japan, 38
Sixth General Assembly, 36—E; (President Bauer's Page discusses) 1314
to meet in Virginia in 1953, 1711
WORLD WAR II (1939-1945)
Constantinian Society Meeting at Saranac, 227
current problems in military psychiatry, [Glass] *6
human experimentation in medicine, Paris, 426
wound ballistics and body armor, [Holmes] *73
WOUNDED
Transport of: See Ambulances
War: See Korean War
WOUNDS: See also Accidents; Burns; Trauma; under names of specific organs
ballistics and body armor, [Holmes] *73
foreign body granulomas and traumatic neuroma, [Raftery] 619—ab
healing and scar formation, effect of cortisone, [De Kleine] 725—ab
healing, effects of ACTH and cortisone, [Boland] *1286
small, and abrasions, dusting with sulfonamide powder, 1265
stab, of left thigh, arteriovenous fistula with endocarditis and endarteritis after, [Heckler & Tikellis] *1301
sucking, of chest, dangers of emergency occlusive dressing in; use of catheter inclosed in dressing, [Haynes] *1401

V 1
195

WOUNDS—Continued
surgical, débridement with streptokinase-streptodornase, [Sonneland] 1539—ab
Suture of: See Suture
War: See Korean War
WRINKLES
facial, surgical production, [Frackelton] 1152—ab
WRIST
Surgical Approaches to Joints of Wrist (film review) 1338
WRITING: See Books; Book Reviews at end of letter B; Journals; Newspapers
Contest: See Prizes
WYOMING
medical care for indigent in Laramie County (Cheyenne) (Council report) 1334

X

XANTHOMATOSIS: See also Niemann-Pick Disease
congenital acholangic biliary cirrhosis, [MacMahon] 1630—ab
X-RAYS: See Roentgen Rays
XYLOCAINE: See Lidocaine

Y

YELLOW FEVER
immunity after vaccination with 17 D yellow fever vaccine, [Dick] 1439—ab
vaccination certificate before going to South Africa, 227
vaccine, attack rates in homologous serum jaundice, [Paine & Janeway] *200
"YELLOW JACKETS": See Hornets
YESHIVA UNIVERSITY
medical center, New York, 225
new medical school, in New York City, *125
YOLK SAC Diagnosis: See Tuberculosis, diagnosis
YOUTH: See Adolescence

Z

ZEOLITE
water softener, 167
ZINC
Insulin Preparations: See Insulin
peroxide useful as deodorant; danger of explosion in screw-top containers, [Pillsbury] 609—C
ZOSTER: See Herpes zoster
ZURICH, University of: See University

150
052

AUTHOR INDEX

In this Index are the names of the authors of articles which have appeared in THE JOURNAL, the names of those who have read papers before Societies as published in THE JOURNAL and those whose articles have been abstracted in the Current Medical Literature Department. The * preceding the page reference indicates that the article appeared in full in THE JOURNAL.

For subject index see page 1739.

A

Abbott, W. E., 1346
Abely, P., 829
Abramson, H. A., *569
Ackerman, L. V., 820, 1631
Adams, F. H., 1539
Adams, R. D., 154
Adams, W. S., *154
Adelman, B. P., 1727
Adelson, E., 1044
Adlersberg, D., 1535
Aguero, O., 524, 524
Ahern, J. J., *92
Aitken, A. P., 1627
Aitken, H. M., 1253
Ajello, L., 951
Albeaux-Fernet, M., 1546
Albert, C., *1297
Alcalá, R., 523
Alexander, B., 1718
Alexander, J. G., 61
Alexander, L., 1633
Alexander, M. B., 1155
Alfonsi, P. L., 830
Allen, F. M., 1141
Allen, J. M., 822
Allende, O., 1438
Almy, T. P., *559
Alper, A., *182
Altmann, F., 1425
Altemeier, W. A., *1462
Alvarez, W. C., *86
Anderson, J. R., 1638
Andrews, P. M., *1101
Andrus, S. B., 154
Anebacher, S., 509
Ansbro, F. P., 1040
d'Antuono, G., 1543
Arbesman, C. E., 1041
Arminio, J. A., 512
Armstrong, T. G., 1349
Arnold, H. L., Jr., *95
Arrau, C. M., 61
Arrillaga, F. C., 522
Arrospide, J., 1546
Asistio, J. B., 1351
Atienza, R. Y., 1351

B

Baccaglini, G., 522
Baccero, A. C., 1351
Bacon, E. K., 1345
Bader, G. M., 1428
Baehr, G., 1422
Baehren, P. F., 1249
Baer, H. L., 612
Baggenstoss, A. H., 823, 1533
Bailey, C. P., 1628, 1629, *1647
Bainborough, A. R., 1532
Baker, C., 161
Baker, L., *942, 1630
Baker, L. A., 1536
Baker, R. D., *1579
Baldwin, J. S., *1273
Ballard, G. P., 1536
Balthrop, E., 1637
Bandini, T., 1640
Barahona, R., 1260
Barach, A. L., *1380
Barber, T. E., 518
Bardawill, C. J., 519
Bargen, J. A., 823
Barnett, H. E., *1396
Barr, G. M., 1638
Barrantes, V. L., *1297
Barraquer-Bordas, L., 1254
Barrett, A. M., 1049
Barth, G., 1159
Bartlett, W., 1633
Barton, W. B., 57
Baskett, J., *30
Bass, H. E., *209, 827
Bassett, S. H., *1101
Bate, T. H., 245
Bates, L. M., 829
Battezzati, M., 1436
Bauer, L. H., *420, 797, *799, *1314, 1678, *1675
Baum, W. C., *1459
Baumeister, J., 723
Baumgartner, L., 607
Bauza, J., 1438
Bavay, J., 251
Bean, W. B., *92
Beato Nuñez, J., 727
Beaumont, J. L., 1159
Bechtold, E., 1248
Beck, G. J., *1380
Becker, D. L., 1533
Beecher, H. K., 824
Beidelman, B., 1248
Beierwaltes, W. H., 1342
Bell, C. D., 1432
Bell, E. T., 243
Bell, G. O., 154
Bell, H. G., 619
Bell, R. C., 1347
Bellomo, J., 514
Benedict, E. B., 1621
Benjamin, B., 1155
Bennett, D. A., 722
Bennett, I. L., Jr., 1724
Benton, J. G., 1421
Benzcery, E. J., 1352
ten Berge, B. S., 622
Bergman, P. S., 1625
Bergmann, H., 832
Berkowitz, S., *1087
Berman, J. K., 1445
Bernreiter, M., *792
Bernstein, A., 1260
Bernstein, L. M., *446
Berri, N., 1437
Berry, C., *872
Berto, R., 522
Bertrand, I., 1053
Besimensky, V., 523
Best, F., 1730
Best, R. R., *637
Best, W. R., 1148
Bethell, F. H., 1536
deBeule, R., 1054
Bickerman, H. A., *1380
Bieren, R., 1151
Binet, L., 1731
Bingham, D. L. C., 1350
Bingold, K., 1728
Biörck, G., 1717
Birge, J. P., *217
Bishop, J. M., 1050
Black, H., 820
Black, J., 1044
Black, J. J., 1040
Blackburn, E. K., 1435
Blades, B. B., *856
Blainey, J. D., 251
Blalock, A., *1082
Blatt, N., 430
Blaylock, H. C., *841
Bleisch, V. R., 612
Blickman, J. R., 1154
Block, W. J., Jr., *259
Blodi, F. C., 154
Blondeau, M., 830
Blood, M. J., 723
Bloomberg, A. E., *1216
Bluestone, E. M., 1034
Blumberg, P., *1216
Blumberg, R. W., 1531
Blumgart, H. L., 1343
Boeminghaus, H., 732
Böttger, H., 1050
Böttner, H., 1050
Bogen, E., 825
Boland, E. W., *1281
Boles, T., 56
Bolt, R. J., *1476
Bond, A. M., 620
Bondurant, C. P., 518
Bonica, J. J., *1581
Booher, N. R., 1682
Booth, B. H., *1575
Borges, F. J., 826
Born, M., 1543
Borota, A., 612
Boshes, B., 243
Boucot, K. R., 1629
Boulin, R., 1533
Boyan, C. P., 726
Boyd, R. S., *1103
Braasch, W. F., 1250
Bracher, A. N., *1006
Brachetto-Brian, D., 1157
Brayton, D., *668
Brazier, M. A. B., 824
Breen, G. E., 729
Breese, S. S., Jr., 1044
Bricaire, H., 1157
Briggs, J. F., 514
Brill, R., *992
Brillmayer, C., 1640
Brink, E. T., 729
Brinton, H. P., 1636
Brochier, M., 1545
Brock, R. C., 161
Brody, H., 613
Brofman, B. L., 1718
Bromage, P. R., 1258
Brown, C. A., 727
Brown, C. H., 1721, 1723
Brown, G. M., *1587
Brown, N. H., 718
Browne, K. M., 1039
Brugio, G. R., 61
Brunschwig, A., 726
Brzezinsky, A., 1728
Bueno Neto, J., 832
Bundesen, H. N., 1333
Bundick, W. R., *773
Bunim, J. J., *1273
Burbank, C. B., 1726
Burchell, H. B., 1538
Burke, J., 1435
Burkitt, R. T., 1155
Burton, A. N., 1348
Burwell, C. S., 1532
Busby, C. L., 1431
Busch, R. C., *853
Butt, A. J., 158, *1096
Buttl, G., 519
Byron, F. X., 157

C

Cabasso, V. J., 1345
Cabrera, E., 614
Cady, J. V., 827
Cahill, G. F., *575
Cain, J. C., *741
Caldarola, L., 1052
Caldwell, D. W., 1726
Caldwell, E. R., 58
Campbell, M., 161
Campbell, P. A., *3
Campbell, R. E., 1626
Campbell, P., 1159
Carberry, P. C., *1559
Carletti, B., 1351
Carp, L., 512
Carp, S., *1087
Carr, D. T., *764, *1170
Carrabba, S. R., *1209, (correction) 1322
Carroll, I. N., 1251
Carryer, H. M., 1540
Carter, S., *663
Carunelli, M., 1731
Casberg, M. A., *1
Caskey, W. H., 1718
Castaigne, P., 623
Castellanos, A., 727
del Castillo, E. B., 522
Castle, C. H., 814
Castro-Mendoza, H., 432
Cawley, R. H., 1050
Celani Barry, R., 522
Cerri, D. B., 622
Cerroni, L., 1054
Champeau, M. M., 1048
Chapman, D. W., *1113
Chapnick, H. A., 1345
Chase, H. F., *1103
Chatterjea, J. B., 61
Chenoweth, A. I., 513
Chobot, R., *1480
Christian, C. L., 1532
Chung, R. C. H., *1307
Church, R. E., 715
Claisse, R., 1053
Clark, A. E., 1435
Clark, D. K., *1269, (correction) 1609
Clark, L. C., Jr., *451
Clark, W. H., 246
Clements, A. B., *556
Clemmesen, C., 732
Clerf, L. H., *793
Clifton, J. A., 1426
Cloward, R. B., 617
Cockcroft, W. H., 727
Codounis, A., 1543
Cofrin, D. A., *1269 (correction) 1609
Cohen, M. M., 1149
Cohen, O. H., *1306
Cohen, R., 1332
Cole, F., *273, 724
Cole, W. H., *631
Coleman, E. P., 722
Colmeiro-Laforet, C., 1731
Collins, C. G., 156
Colp, R., 1428
Colvin, E. D., 1719
Combes, F. C., 1625
Comfort, M. W., *781
Conley, C. L., 1719
Connell, J. F., Jr., 613
Connolly, J. L., 1333
Conran, M. M., 520
Cooke, J. V., 1150
Cookson, B. A., 1629
Cooley, D. A., *1113
Cooper, D. A., 1629
Cooper, W. A., *688
Cope, C. B., *997
Cordes, A. A., 730
Coriell, L. L., *739, *750, 737
Cormack, D. V., 829
Corner, B., 727
Corner, G. W., 153
Costantini, A., 1052
Counsell, P. B., 1255
Courjaret, J., 1157
Courville, C. J., 1720
Couvelaire, R., 831
Cox, H. R., 1345
Crain, E. L., *1298
Cramer, H., 1640
Crawford, C. W., 508
Crawford, I., 1724
Crawshaw, G. R., 731
Crealock, F. W., 515
Creech, O., *1076
Crenshaw, F., 1041
Cronin, D. J., *685
Cros-Decam., 831
Crosse, V. M., 818
Crumpacker, E. L., *250
Csonka, G. W., 1049
Culbertson, C. G., 513
Culot, Y., 1259
Cummings, H. R., *1101
Curth, H. O., 817
Curtis, A. C., *841
Cutts, F. B., 1151
Cyr, D. P., 822

D

DaInow, L., 1052
Dailey, J. E., *1202
Dalgleish, P. G., 1436
Daly, B. M., 613
Daly, D., 173
Dam, W., 1641
Dameshek, W., 1044
Dammann, J. F., Jr., 1153
Damoiseau, B., 252
Daniels, M., 621
Davenport, C. K., *1385
David, P., 1440
Davis, H. W., 1429
Davis, J., 817
Davis, L., 1536
Davis, T. A., *31
Day, K., 1428
DeBakey, M. E., *1076, 1346
Debat., 1259
Debray, J. R., 831
Decourt, P., 1260
Decroix, G., 830
Deeny, J., 520
De Forest, R. E., *171
De Kleine, E. H., 725
Delachaux, A., 1158
de la Cruz, E., 1627
Delay, J., 621
del Nunzio, R. F., 517
Delon, J., 1641
deMello, L., 955
Demand, E., 1728
Deming, C. L., 1251
de Mowbray, R. R., 1729
Denk, W., 1642
Dennison, W. M., 520
DePalma, A. F., 824
Deschamps, H., 1157
Desmonts, A., 831
Dessau, F. I., 56
deVries, A., 1535
Dexter, L., 1532
De Young, R., 1427
Dick, G. W. A., 1439
Dick, H. L. H., 1626
Dietel, H., 728
Díez Rivas, F., *647
Dillaha, C. J., *546
Dillon, E. S., 1629
Dixon, W. R., 829
Dobin, N. B., 243
Dockerty, M. B., 1046
Dodrill, F. D., *642
Doglíotti, A. M., 1052
Dolgoff, S., 1536
Dolley, F. S., 825
Donat, K., 1347
Donati, G., 1051
Doni, C., 1054
Donnelly, L. C., 155
Donovan, E. J., *213, (correction) 1322
Donovan, W. N., *165
Donzelot, E., 432
Douglas, M., 161
Douglass, B. E., *764
Douglass, L. H., *1061
Douthwaite, A. H., 1348
Dowda, F. W., 1720
Dowling, H. F., 58
Downs, R., 723
Dreese, W. C., 1633

V I
195

Driggs, M. F., 1536
Druckerman, L. J., 1428
Dry, T. J., *19, *259
Dublin, L. I., 617
Ducci, H., 1147, 1260
Duchesne, R., 1256
Duff, J., 1151
Dukes, C. E., 1255
Duncan, G. G., 153, 1248, 1430
Dunphy, E. B., *169
Durand, P., 1436
Durfee, G. R., 1428
Durr, S. P., *93
Dury, A., 158
Dreyer, C. S., 160
Dye, W. S., 1537
Dyer, I., 156

E

Eather, K. F., 1726
Edelken, J., 1343
Edelman, M. H., *244
Edlund, Y., 730, 730
Egan, R. L., 249
Egerse, J., 1437
Ehni, G., *1298
Ehrenfeld, E. N., 1535
Ehrenhaft, J. L., 821
Ehrenpreis, B., 1146
Ehrentheil, O. F., 1633
Ehrlich, M., *1087
Ehrlich, R. W., *189
Eichenwald, H., *1063
Eisemann, G., 819
Elkind, M., *1087
Ellegast, H., 1732
Ellis, F. A., *773
Ellison, E. H., 56
Elman, R., 821
Elsdon-Dew, R., 1349
Emond, R. T. D., 729
Engelsher, D. L., 1510
Enselberg, C. D., 817
Ensign, D. C., 1725
Ensign, W. G., *1295
Epp, E. R., 829
Ernstene, A. C., *1069
Errington, R. F., 829
d'Eshougues, J. R., 1545
Esseltier, A. F., 432
Essden, R. R., 1681
Evans, P. J., 818
Everritt, M. G., 1044
Eymin, C., 1729

F

Fajans, S. S., 826
Falk, M. S., 1343
Falkinburg, L. W., *216
Falle, E. C., 1544
Fallis, B. D., *515
Falsom, W. W., 819
Falzoy, M., 1543
Fanta, H., 1257
Farrell, J. E., *654
Faulkner, J. W., 1046
Fawell, W. N., 569
Featherston, W. M., *1006
Fedoruk, S. O., 829
Feldman, H. A., *1063
Feldman, M., 1723
Fenichel, R. L., 613
Ferbos, G., 623
Feriano, F. R., *651
Fernández, J. M. M., 1048
Ferolla, J., 1541
Ferrari, M., 1443
Ferrara, R. J., *478, *855
Finke, W., 430
Finland, M., 1430
Fischer, F., 1354
Fisher, E. R., *96, 1723
Fisher, W. R., 516
Fiske, D., *1110
Fitzpatrick, R. J., *1092
Flasher, J., 823
Flores, J. V., 1352
Florey, E., 56
Flowe, B. H., 1346
Flynn, P. D., *760
Foldes, F. F., *1559
Foley, E. F., *446
Foote, C. C., 1536
Foote, R. M., *1390
Ford, W. T., 1343
Foreman, R. C., 1246
Fowler, E. P., *678
Fowler, W. M., 1426
Frackelton, W. H., 1152
Fradkin, W. Z., 1621
Franco, T., 161
Frank, O., 1433
Frank, S. B., *586
Fraser, D. E., 519
Frasier, E. S., 1636
Freedberg, A. S., 1343
Freeman, L. W., 1427
Freis, E. D., 720
Fremont-Smith, M., *587
Freudenberg, R. K., 1257
Freyberg, R. H., 1151
Frieden, J., 614
Friedenwald, J. S., *969
Friedman, B., 819
Friedman, H. T., 1512
Friedman, I. A., *83
Friedman, R. L., *211
Fritze, E., 830
Frost, T. T., 618
Fulton, J. S., 1348
Funkhouser, J. B., 1429
Furcolow, M. L., 1044
Fusari, C., 1351
Futterman, P., 1430

G

Gaensler, E. A., 1252
Gage, R. P., *259
Gagnion, E. D., 1440
Gaida, M., 1254
Gaines, W., 726
Gairdner, D., 1049, 1050
Galbraith, B. T., *1295
Galland, R., 731
Galloway, T. C., 1515
Galton, M. M., 1344
Gan, K. H., 1155
Gans, B., 1154
Ganter, Y., 830
Gardner, A. M. N., 521
Garrett, C., 829
Garrett, E. S., 518
Garry, M. W., 615
Gatch, W. D., 513
Gaughran, E. R. L., 508
Gaul, L. E., 1511
Gay, B. B., Jr., 1533
Gebhard, R., *1594
Gee, F. L., 1459
Gelperin, A., *715
deGennes, L., 1157
Georg, L. K., 951
Geracl, J. E., 1044
Gerisch, R. A., *642
Getting, V. A., 616
Gialoreto, O., 1440
Gibson, J. H., *587
Gigot, A. F., *760
Gilbert, F. I., Jr., *95
Gilbert, N. C., 720
Gill, A. M., 1544
Gill, R. J., 1430
Ginn, L. H., Jr., 52
Ginsberg, I., 1425
Giola, J. D., 1720
Giusti, M., 1258
Gladstone, S. A., *212
Glass, A. J., *6
Gleckler, W. J., *683
Glover, R. P., 430, 1537
Goethenour, W. S., Jr., 1044
Godet, R., 523
Goggans, W. H., 1537
Gohar, M. A., 1257
Gold, H., *191
Goldberg, E. M., *1665
Goldberg, M. B., *790
Goldeck, H., 1347
Goldman, A., 819
Goldman, L., *30
Goldman, R., *1104
Goldsmith, R. E., 1147
Goldstein, R., 1718
Goldstein, S. L., 1536
Goldstone, B., 1353
Goligher, J. C., 1434
Gomez, F. D., 3141
Goodin, W. L., *1084
Goodman, Y. P., 428
Goodrich, B. E., 616
Gordon, G. G., 1625
Gordon, M. A., 951
Gordon-Taylor, G., 521
Gornall, A. G., 519
Goslings, W. R. O., 519
Gosselin, R. S., 249
Gotlib, M. H., *1291
Gottlieb, J. S., 1249
Gowen, G. H., 1724
de Graeve, R., 820
Graham, R. M., *587
Granirer, L. W., 1332
Graves, O. H., 1045
Gray, H. K., *781
Gray, W., 1255
Green, D. T., 829
Green, M. A., 431
Green, T. W., 1719
Greenberg, S. M., 1345
Greenblatt, R. B., 718
Greene, D. G., 1041
Greene, E. L., *853
Greene, J. M., *853
Greene, R. W., 819
Greentree, L. B., 238
Greer, G. H., 155
Greiner, T., *191
Grenier, J., 251
Grévin, J., 1641
Griggs, J. F., 821, 821
Grimbie, A. S., 1049
Grimson, K. S., 157, 1346
Griswold, M. H., *791
Grizzard, H., 1546
Gröbli, C. W., 730
Groff, R. A., 247
Gros, C., 1641
Grosfeld, W., 813
Gross, J. H., 1041
Grossman, M., 1531
Grotts, B. F., 1630
Grütz, O., 1052
Guénlot, M., 1353
Guiot, G., 252
Gumpesberger, G., 1732
Gunnison, J. B., *695
Gyri, W., 1440

H

Hackett, E., 1541
Haft, D. E., 1430
Haight, T. H., 1430
Haimovici, H., *1216
Hall, W. H., 719
Hallas-Möller, K., *1667
Hammen, R., 1440
Hammon, W. M., *739, *750, *757
Handelsman, J. C., 613
Hansen, J. L., 1437
Hansted, C., 1261
Hardy, A. V., 1344
Hardy, I. B., Jr., 517
Hare, H. F., 721
Harper, H. A., 1531
Harrell, E. R., Jr., *844
Harrell, W. B., 1618
Harrington, W. J., *1193
Harris, E. B., 1431
Harris, F. H., 1047
Harris, F. I., *790
Harris, H. J., 714
Harris, T. L., *1002
Harrison, C. V., 1729
Hart, F. D., 956
Hartmann, R. C., 822, 1719
Harvey, A. M., 59
Harvey, W. P., *479
Hasler, O., 1260
Hauberg, 1732
Hauser, E. A., 158, *1096
Hauser, E. H., 623
Hauss, W. H., 1728
Havens, W. P., Jr., 1251
Hawkins, L. A., 1543
Hayes, G. J., *582
Haynal, E., 1439
Haynes, B. W., Jr., *1101
Hazard, J. B., 1723
Heald, F. P., 1141
Heaney, J. P., *1076
Hebert, H. J., 57
Hecht, B. P., 155
Heckler, G. B., *1301
Hector, A., 1053
Hedman, D., 1157
Hegglin, H., 1261
Heiligman, E. M., *1002
Heilman, F. R., 822, 1044
Heijtmancik, M. R., 155
Hellerstein, H. K., 1718
Hellström, J., 1018
Helmsworth, J. A., *151
Helpern, M., 1535
Hemans, M. J., 1721
Henderson, A., 508
Henderson, P., 1531
Hendrick, J. W., *1099
Herbut, P. A., *793
Herfort, A., *1073
Herman, C. M., 52
Hernández Morales, F., *617
Herrell, W. E., 518, 1044, *1450
Herrmann, G. R., 155
Herrod, C. E., 1537
Hershberger, L. R., 514
Hewitt, J., 524
Heyroth, F. F., 715
Hicken, N. F., 513
Hicks, S. P., 1620
Higano, N., 1540
Higgins, W. H., Jr., 431
Hight, D., 248
Hightower, J. A., 826
Hill, A. B., 621
Hill, D. F., *1084
Hill, E., *642
Hill, F. A., *1187
Hill, J. R., *579
Hirsch, D. R., *586
Hitch, J. M., *1004
Hittle, E., 1724
Hoagland, R. J., 1339
Hobson, A. C. S., 519
Hodes, H. L., 1635
Hoeck, L. E., 1627
Hoerner, E. F., 515
Hofstra, R., 509
Hohlfeld, R., 1354
Holbrook, W. P., *1084
Hollander, L., 1035
Hollander, V. P., 1628, 1629
Holler, G., 1436
Holler, J. W., 158
Holman, E., 1145
Holmes, R. H., *73
Holmes, R. W., 428
Holmstrom, E. G., 156
Holst, P. M., 1721
Homer, L., *465
Hooks, C. A., 1045
Hopkins, W. A., 1535
Horan, J. S., 1720
Horrax, G., 721
Hosford, G. N., *1482
Howard, G. T., *1010
Howard, J. M., 1346
Howard, P. J., 249
Hoyle, J. D., *856
Huddleston, O. L., *1293
Hughes, J. D., *1456
Hull, J. E., 1145
Hulse, W. C., *816
Hultgren, H., 1145
Hume, R. B., 718
Hunnicutt, A. J., 1144
Hunt, R. D., *1559
Hunter, J. A., Jr., *990
Hunter, R. B., 1728
Hurst, J. W., 615
Hurwitz, D., 1540
Hurxthal, L. M., 154, 1634
Hutt, M. S. R., 1435
Hyman, R. M., 1151
Hymes, J. J., 1620

I

Ide, L. W., 826
Ilgenfritz, H. C., 1345
Inderbitzin, T., 623
Irlando, E., 1543
Irwin, D. B., 1049
Irwin, G. W., (correction) *500
Irwin, T. M., 1147
Isaacs, I., *615
Isard, H. J., 1534
Itolz, J. E., 522
Iversen, M., 1440

J

Jackson, A., *1106
Jackson, A. S., 1253
Jackson, C., 238
Jacobi, H., 1347
Jacobs, L., *1063
Jacobsen, A. W., 1043
Jahn, E. F., *1556
Jailer, J. W., *573
James, T., 1434
Janeway, C. A., *199
Janton, O. H., 430, 1537
Jaquier, P., 1158
Jawetz, E., *695, 1531
Jeffcoate, T. N. A., 956
Jefferson, E., 1542
Jelliffe, D. B., 162
Jennings, P. B., 161
Jensen, F. W., 246
Jensen, W. E., 824
Jersild, M., *1667
Jewesbury, E. C. O., 521
Jiménez Díaz, C., 142, 523, *1297, 1439
Johns, H. E., 829, 829
Johnson, E. E., 1718
Johnson, F. R., 1717
Johnson, J., *1200
Johnson, J. F., 722
Johnson, R. L., 720
Johnson, S., 1718
Johnsson, S., 727
Jolles, B., 1542
Jones, F. S., 1246
Jones, M. F., 1341
Jones, R. W., *1575
Jordan, G. L., Jr., *781
Jordan, P. H., 1537
Julian, O. C., 1537
Jurishica, A. J., *1115

K

Kaada, B. R., 1157
Kaae, S., 1541
Kabat, H., 243
Kade, H., 728
Kagan, B. M., 719
Kalant, N., 822
Kalyanum, T. S., 1435
Kalz, F. G., 1425
Kanz, F., 1720
Kannapel, A. R., 1340
Kantz, B., 1539
Kaplan, I. I., 1620
Kaplan, L. A., *1567
Kaplan, L. I., *265
Kaplan, S., *451
Karani, S., 1255
Karflol, G. J., *686
Kark, A. E., 1339
Kark, R. M., 1148
Karni, H., 1551
Kass, E. H., 154
Kassander, P., *997
Katz, L. N., 614
Katz, R., 1147, 1260
Katz, S., *1363
Kaufmann, H., 432
Kauvar, C. H., (Rabbi) 1676
Keating, R. E., 821
Keettel, W. C., 515
Keidan, S., 1050
Kelding, N. R., *961
Keitzer, D. P. R., 1259
Kelley, V. C., 1144
Kelser, G. A., *1447
Kelso, J. W., 156
Kennedy, T. J., 1727
Kenyon, H. R., 1151
Kern, F. Jr., *559
Kessler, W. H., *1563
Key, J. A., 514
Keyzer, J. L., 729
Kimsey, W. H., 247
King, E. R., 1720
King, G. M., 1257
Kirby, W. M. M., *33
Kirklin, J. W., 1538
Kiss, A., 432
Kittredge, W. E., 723

Kiems, E., 1354
Kleckner, M. S., Jr., 823
Klimt, C. R., *737
Kline, M. A., 428
Klingenemith, W., *1393
Klingenstein, P., 1428
Klingman, W. O., 828
Klopp, C. T., *856
Knapp, A. A., 1333
Knapp, A. A., 1431
Knebelmann, G., 831
Knepper, P. A., 826
Knlest, W., 728
Knorr, G., 1349
Knox, L. J., *685
Koelsche, G. A., 1540
Koontz, A. R., *1006
Koppisch, E., *647
Koprowski, H., 1044
Kourilsky, R., *830
Koven, A. L., 1636
Krapin, D., *789
Kresbach, E., 1349
Krevans, J. R., 1719
Krevsky, D. A., 719
Krohn, L., *1291
Kruger, S., 1630
Krupp, I. M., 1044
Krusen, F. H., 822
Kübler, E., 1354
Kumm, H. W., *1179
Kuttner, A. G., *1273

L

de la Balze, F. A., 522
de la Barreda, P., 521
Labegulerie, M., 830
Labò, G., 161
LaCanna, R. L., 609
Lachnit, V., 1433
LaDue, J. S., *1212
Lahoz, C., *1297
Lahoz, F., *1297
Lam, R. L., *851
Lamar, C. P., 1538
Lamas, R., 1641
La Motte, W. O., Jr., 155
Lampson, R. S., *27
Landau, J., 1728
Landy, S., 955
Lane, L. L., 1628
Lang, D. A., *1400
Langbein, H., 1354
Lange, R. D., *1193
Langston, R. G., 1152
Lans, H. S., 1637
Lanza, I., 1351
Lapresle, C., 1353
Largen, T. L., *451, *1462
Larget, M., 1259
Larimer, R. C., *79
Larkin, J. C., Jr., 245
Laroche, C., 1731
Larrain, C., 1641
Larsh, H. W., 1044
Larzelere, H. B., *1647
Lassen, S., 1345
Latscha, B., 731
Latteri, F. S., 1040
Lattimer, J. K., *981
Lawrence, H. E., 160
Lawrence, J. S., *154
Lawton, S. E., *189
Lay, J. V. M., *682
Layrisse, M., 524
Leão, L. E. P., 832
Lederer, H., 1543
Ledowsky, V., 246
Lee, R. H., 1537
Leedham, C. L., *1363
Leger, L., 623, 1158
Lehmann, J., 1354
Leibowitz, S., 613, 1310
Lejeune, E., 1729
Lenègre, J., 1159
Lennette, E. H., 246
Leonard, J. C., 1047
Lepper, M., 58
Lepper, M. H., 430
Lerman, J., 1147
Leroy, A., 829
Levey, S., 1346
Levi, A. A., 1634
Levine, M. I., 245
Levine, S. A., *479
Levitt, H., *1002
Lewis, B. L., *776
Liber, A. F., 609
Liebowitz, D., *672
Lima, S. de O., 1054
Lincoln, A. F., *268
Lingley, J. R., 248
Linman, J. W., 1536
Linnekogel, G., 623
Linton, R. R., 517
Lipscomb, A., *1398
Lisa, J. R., 1720
Lister, U. M., 956
Littlefield, P. A., 723
Littmann, A., *446
Litzenberger, W. A., 245
Lloyd, W. F., 1261
Lock, F. R., 1146
Locke, J. C., 154
Locke, J. C., 818
Lockhart, W. S., Jr., 247
Lockwood, I. H., *435
L. fgren, F. O., 1018
Logue, R. B., 615
Lokay, C., 1729
Long, P. H., *35, 814
Lopes Cardozo, P., 519
Lowe, H., 1728
Lowchart, J., *575
Lowdon, A. G. R., 1156
Lowe, K. G., 621
Lowenberg, E. L., 828
Lowenhaupt, E., 726
Lozner, E. L., 819
Lucia, F. L., 619
Ludovic, E., 1426
Lohan, J. A., *1567
Lull, G. F., 509
Lunn, G. M., 1434
Lunn, V., 1054
Lutier, F., 251
Luton, F. H., *529
Lynn, D. H., 157
Lynch, F. W., *14
Lyon, R. A., 1531
Lyon, R. P., 1432
Lyons, A. S., 812
Lyons, J., 1050

M

McAllister, A. J., 513
McAuley, J. S., *1587
McCall, J. W., 516
McCall, M. F., 1541
McCarroll, H. R., *859
McCaskey, C. H., *67
Machaj, T. S., *1559
Mackaness, G. B., 1534
Mackler, S. A., 1637
McDaniel, J. R., 826
McDermott, T. F., *213, (correction) 1322
McElwee, R. S., *999
McEvitt, W. G., 1635
McEwen, C., *1273
McFarlan, A. M., 1049
MacFayden, B. V., 1340
MacKay, H. J., 517
McKee, A. P., 612
McKeown, K. C., 620
McKusick, V. A., 1332
McLaughlin, W. J., *855
Macklin, M. T., 1043
MacMahon, B., 1433
MacMahon, H. E., 1630
McManus, R. G., 517
McMillan, G. C., 1532
McNall, P. G., *1559
Macpherson, D. A., 520
McQueen, E. G., 1156, 1258
MacQuigg, R. E., *28
McSwain, B., *1115
McVeagh, T. C., 1035
Madden, J. J., *1567
Madding, G. F., 514
Maddock, W. O., 1344
Madoff, I. M., 1252
Magnuson, P. B., 1509
Mahuron, B. L., 1035
Mancini, R. E., 522
Mandl, F., 1440
Manfredi, H. M., *1567
Manlove, F. R., *70
Mann, B., 1050
Mannl, C., 1352
Mansell, E. J. B., 956
Mantell, L. K., *1307
Marble, A., 516, *961
Marcano, A., 524
Marchand, E. J., 155
Mark, V. H., 1342
Markowitz, M., 1635
Marks, H. H., 617
Maroncelli, P., 1730
Marquès, J. M., 1158
Marsh, A., 723
Marsh, R., *191
Martin, L. A., 1641
Martin, M. M., 1545
Marty, R., 621
Masi, A., 1258
Masden, L. G. C., 1155
Mason, A. A., 1543
Mason, E. H., 1425
Masoni, A., 162
Massey, F. C., 1628
Master, A. M., 154, *195, *766
Matarazzo, J. D., 243
Matarazzo, R. G., 243
Mathé, G., 1731
Mathes, S., *191
Matlin, E., 1423
Matthiash, 1732
Maurer, E. R., 159
Maurer, W., 523
Maurice, P., 1159
Mayes, S., 1724
Mayr, E., 1155
Mazzei, E. S., 731
Mazzoleni, L., 232
Mazzone, W. F., 1432
Medir, J., 1433
Meerloo, J. A. M., 1248
Meill, J., 1352
Mellinkoff, S. M., 59
Méndez, R., 614
Mendilaharsu, C., 1433
Mench, I. N., 243
Merchante, A., 1439
Merendino, K. A., 1342
Merritt, H. H., *663
Messeloff, C., *191
Messelt, O. T., 1046
Métianu, C., 731
Meyer, A., 731
Meyer, F. W., 1353
Meyer-Heine, A., 1352
Meyer, K. A., 1637, *1665
Meyer, O. O., *1188
Meyers, J. A., 1629
Meyers, M. C., 1536
Michelsen, J. J., 248
Micks, D. W., 1046
Milford, M. T., 1346
Miller, A., 829
Miller, A. H., *532
Miller, E. R., 1432
Miller, G. M., 1039
Miller, J., 1723
Miller, J. H., *203
Miller, J. M., *35, 814
Miller, J. W., *850
Miller, M. A., 827
Miller, S., 1536
Miller, W. H., *1106
Mills, C. W., *1208
Mills, S. D., *1278
Milwidsky, H., 1535
Milzer, A., 509
Minvielle, J., 1641
Mirabile, C. S., 827
Mirsky, I. A., 1430
Mitchell, G. P., 1639
Mitchell, G. W., Jr., 1042
Mitchell, J. P., 829
Mockbee, C. W., 518
Morl, F., 1349
Moguilevsky, L., 730, 1157
Mohaupt, F. X., *92
Mohr, C. F., *467
Molina, A. F., 523
Moloshok, R. E., 1635
Monheimer, H., 158
Monod, O., 830
Montalbetti, A. J., 1339
Montero de la Pedraja, R., 727
Montes, L., 1641
Montgomery, H., *1182
Montouchet, M., 432
Moore, C. V., 1724
Moore, D. C., *550
Moore, I. F., 1345
Moore, J. E., *467
Moore, J. H., *1187
Moore, S. W., *999
Mora, G., *555
Morgan, A. D., 1261
Morgan, H. G., 956
Morgan, H. R., 619, *1369
Morgan, R. S., 1436
Mori, D., 1256
Morris, H., *1106
Morrison, A., 829
Morrison, L. M., 515
Morrison, S., 1723
Moschcowitz, E., 1717
Moser, M., 154
Mosiman, W. D., 1630
Mosko, M. M., *1100
Mosonyi, L., 1439
Moyes, E. N., 1156
Muehrcke, R. C., 1148
Muirhead, E. E., 1253
Mulder, D. W., 173
Mulder, J., 519
Mulé, J. E., 512
Muller, W. H., Jr., 1153, 1429
Münch, H., 1730
Munck, W., 1642
Munita, O., 1641
Munroe, W. G. C., 56
Muntner, S., 951
Murphy, R., 154
Murray, M. M., 620
Musgrove, J. E., *28
Myers, P., 1723
Myerson, R. M., 1251
Myller, E., 153

N

Nadeau, G., 1639
Nagel, M., 1348
Nalefski, L. A., 720
Nash, J. C., 813
Nasse, E., 830
Natali, P., 252
Nathanson, M., 1625
Nation, T. C., 1724
Navarro, A., 1433
Needham, G. M., 819
Nelson, C. B., 615
Nelson, W. O., 1344
Neptune, W. B., 1629
Nesbit, R. M., *1459
Neumayr, A., 1433
Neuwirth, E., 1342
Newell, R. R., 1620
Newland, D. E., *177
Newman, N. H., 519
Nezon, G. E., 1729
Nichols, F. L., 827
Nickerson, R. J., 1144
Nix, F. G., 156
Nomland, R., 612
Norris, M. S. (correction) *500
Norris, W. J., *668
Nosik, W. A., *990
Nowicki, E. L., 813
Nurnberger, C. E., *1398
Nyström, T. G., 1638

O

O'Connell, F., *792
O'Donnell, J. J., 1725
Oeconomos, N., 524
Oelbaum, M. H., 1438
Ogden, M. A., 814
Olmer, J., 831
Olivercrona, H., 1150
Olley, J. F., 1724
Olsen, A. M., 819, *842
Olwin, J. H., 1537
O'Neill, T. J. E., 430, 1537
Orbison, J. L., 1532
Orebaugh, J. E., *1476
Orgain, E. S., 250
Ornstein, G. G., *973
Orr, L. M., *1092
Orris, L., 1625
Ortenburger, A. I., 725
Osgood, E. E., *1372
Osgood, H., 1041
Osserman, K. E., *265
Otani, S., 722
Overholt, R. H., *438

P

Pack, G. T., 817, 1720
Page, R. C., 1726
Paine, R. S., *199
Palmer, E. D., 514
Palmier, A., 1254
Palumbo, F., *191
Palumbo, L. T., 1247
Papanicolaou, G. N., 1428
Parmley, L. F., Jr., 1246
Pascale, L. R., *446
Paici, J., 623
Paterson, J. E., 1255
Patey, D. P., 521
Patton, G. D., 1247
Patz, A., 1627
Paul, R. E., 1247
Paulson, J. A., *983
Paulssen, M. M. P., 955
Peabody, J. W., *1469
Pearlmutter, M., *191
Pearson, G. W., *1385
Peck, M. E., *177
Peden, A. S., 1050
Peet, M. M., 1150
Peller, S., 1426
Pelner, L., 1311
Pender, J. W., *842
Pendergrass, E. P., *1178
Penfield, W., 729
Perianes, J., 1439
Périer, L., 523
Perinetti, H., 522
Pertulset, B., 523, 1438
Pesle, G. D., 830
Pessel, J. F., *555
Pestel, M., 1053
Peters, E., 1532
Peters, G. A., 1540
Petersen, K., *1667
Peterson, W. F., *1009
Petit-Dutaillis, D., 252, 523, 1438
Pfeffer, R. B., 1339
Phansomboon, S., 621
Phillip, R. J., 1426
Phillips, M. A., 1721
Phillips, S., 245
Piaggio, A. A., 1341
Pick, F., 1426
Pillsbury, D. M., 609
Pinniger, J. L., 1435
Pisani, B. J., 1153
Pisani, G., 1051
Piauchu, M., 1729
Plenk, H. P., 609
Podsiady, E., 248
Pöschl, M., 1159
Pohle, E. A., 1253
del Poll, G., 1052
Pollack, H., 609
Pollak, O. J., 621
Pollard, H. M., *1476
Pollock, L. J., 243
Pometoy, R. S., 1435
Poppen, R. L., 721
Popper, H., *1367
Poppl, A., 161
Porter, E. C., 1252
Poth, E. J., *245
Potter, R. D., *1095
Poulin, J. E., 1725
Poutasse, E. F., *96
Prankerd, T. A. J., 1030
Prendergast, J. J., 613
Preston, R. H., *30
Price, K. A., 1632
Price-Thomas, C., 1261
Prickman, L. E., 1540
Princi, F., *1173
Priver, M. S., *1291
Pruitt, F. W., 1626
Pugh, D. G., 1538
Purtell, R. F., 1141
Pusateri, G., 1439

R

Racca, G., 1259
Radner, D. B., *1400
Raftery, A., 619
Ragazzini, F., 1258, 1642
Rains, A. J. H., 1640
Raisin, A., *672
Raisman, V., 59

Ramer, Z., 1158
Ramsey, R. H., *659
Ranganathan, K. S., 520
Ransom, H. K., *1476
Rapoport, R., 1151
Rappaport, E. M., *182
Rappaport, E. O., *182
Rathmell, T. K., *555
Ravdin, I. S., *10
Ravina, A., 1053
Ravitch, M. M., 613, 1043
Raynaud, R., 1545
Reber, H., 1260
Redondo Ramirez, H. P., *1647
Reed, C. E., 1536
Reeder, W. H., 616
Rees, L., 1257
Reese, A. B., 154, 818
Reicher, N. B., 1248
Reiffenstuhl, G., 732
Reiner, L., 1039
Reisner, H., 1257
Reisteln, W. A., 1310
Remold, F., 524
Renier, J. C., 1355
Rentschler, E. H., 1426
Reynolds, J. L., *1104
Rheins, M. S., 52
Rice, L., 611
Richards, H. J., 1049
Richardson, E. J., 724
Richter, I. H., 517
Ricketts, H. T., *959
Ricketts, W. E., 616
Riddell, R. V., 826
Riedel, H. A., 1043
Riley, C. M., *1288
Rimestad, S., 462
Rippy, E. L., *961
Ritchie, H. D., 1721
Roarch, F., 516
Robbins, S. L., 612
Roberts, B. N., 951
Roberts, M. H., 1249
Roberts, S. E., 1510
Robertson, F., 1050
Robertson, K. M., 1545
Robin, J., 1353
Robitzek, E. H., *973
Rockwell, E., *20
Rodeck, H., 1638
Roden, A. T., 1155
Rodstein, M., 817
Roe, B. B., 1726
Roe, N., 1721
Römer, K., 1050
Rogers, J., 1042
Rogers, K. E., 1434
Rogers, P. V., 241
Rogers, T. M., *473
Rogoff, J. M., 1333
Rogowsky, M., 1159
Romansky, M. J., *1447
Romanus, R., 1545
Romiti, C., *999
Romney, S. L., 717
Root, C. M., 59
Root, H. F., 616, *961
Root, S. A., 827
Rose, L. B., *1198
Roseman, C., 1435
Rosenauer, F., 832
Rosenberg, E. F., 719
Rosenblüt, E., 1438
Rosenthal, N., 1532
Rosenthal, R. L., 1343, 1532
Rosh, R., *1386
Ross, A., 1541
Rossi, G., 729
Roth, A., 723
Roth, H. P., *672
Rothman, S., *546
Rotter, R., *1188
Rougerie, J., 523, 1438
Rouleau, Y., 1639
Rousselot, L. M., 613
Rowe, C. R., Jr., 157, 1346
Rubenstein, E., 1430
Rubin, H. R., 823
Rubin, I. C., *267
Rudin, L. N., *685
Rudy, W. B., 720
Rule, J. H., *1269, (correction) 1699
Rundle, J. A., 1051
Rundle, R. W., 57
Rusk, H. A., *837
Russell, J. H., *1571
Russek, A. S., *25
Russek, H. I., 614
Russell, W. L., 1619
Rutstein, D. D., 1144
Rütt, A., 1732
Ryckewaert, A., 1353

S

Sabin, A. B., *1063
Sackett, W. W., Jr., 823
Sacks, M. S., *1556
Sadowsky, A., 1728
Sadun, E. H., 1044
St. James, A., 613
Sainz, N., 1641
Salamone, F., 1535
Sale, L., Jr., 819
Salgado, L., *1297
Salvadori, G. C., 1730
Salvini, L., 1159
Sandblom, P., 1048
Sanguigno, N., 832
Sansone, G., 831
Saphir, O., *859
Sarber, R. W., 1721
Sargent, J. C., *1036
Saslaw, S., 32
Saupe, M., 1052
Sawyer, C. G., 1532
Saypol, G. M., 1339
Scanlon, W. G., *28
Scapier, J., 1428
Scatterday, J. E., 1344
Schaaf, J. H., 1256
Schaffner, F., *1367
Schamberg, J. L., *1655
Schlichtkrull, J., *1667
Scharenberg, K., 1541
Scheffel, H., 1347
Scheie, H. G., 155
Schild, W., 1730
Schlegel, B., 1050
Schlesinger, M. J., 1039, 1538
Schlumberger, H., 1354
Schlotthauer, C. F., 822
Schmöger, R., 1437
Schnabel, T. G., Jr., *1209
Schnaper, H. W., 720
Schneider, M. A., 1041
Schneider, R. C., 1150
Schneierson, S. J., *585
Schnell, E. B., 1253
Schoch, E. P., Jr., 1625
Schoenbach, E. B., *35
Schornagel, H. E., 831
Schrader, A., 1730
Schrall, K., 615
Schrek, R., 1536
Schujman, S., 246
Schulman, M. H., 1633
Schultz, A. L., 719
Schwartz, H. G., 243
Schwartz, M., 1234
Schwartz, S. O., *83
Schwarz, H., 1639
Schwidde, J. T., 717
Schwinger, H. N., 1146
Sciarra, D., *663
Sciorsci, E. F., 1045
Scott, C. H., *1403
Scott, J. K., 1156
Seaman, A. J., *1372
Seanor, H. E., *1380
Seelemann, K., 623, 1437
Segar, W. E., 723
Segarra-Obiol, J. M., 1254
Seiffer, J., 158, *1096
Seitz, P. F. D., 1148
Seitz, R., 1030
Selikoff, I. J., *973
Sell, L. S., *987
Sen-Gupta, N. C., 1534
Senturia, B. H., 1146
de Sèze, S., 1353
Shaffer, L. W., 1720
Shapiro, I., 721
Shapiro, M. J., 1512
Shapleigh, J. B., *1193, 1721
Shatz, B. A., 821
Shaw, A. B., 1348
Shaw, H. N., 1047
Shehadi, W. H., 1720
Shaw, W. M., 1425
Sheppard, R. J., 823
Sheris, E., 1260
Sherman, R. T., *451
Shiels, D. O., 1259
Shimkin, M. B., 619
Shipley, R. E., 1148
Shipp, J. H., 1431
Sicard, A., 523
Sigler, J. W., 1725
Sigler, L. H., 1141
Silvain, F., 1350
Silver, A. S., *584
Simonton, K. M., *461
Singh, I., 1435
Sive, E. B., 825
Sivertson, S. E., *268
Sjoukes, P., 1544
Skanse, B., 727
Slapak, L., 432
Slaughter, D., *1012
Slavin, M., *1106
Slessor, A., 1638
Slingerland, D. W., *1309
Sluder, H. M., 1146
Small, M. J., *209
Small, W. T., 1635
Smart, R. H., *1385
Smedsrud, K., 831
Smigel, J. O., *587
Smith, A. T., 1634
Smith, C., 158
Smith, C. H., 728
Smith, D. R., 1432
Smith, F. M., 728
Smith, G. V., 717
Smith, J. G., *1482
Smith, N., 1534
Smith, O. W., 717
Smith, P., 1435
Snapper, I., 722
Snider, G. L., *1400
Snoke, A. W., 713
Snow, D. J. R., 1350
Snow, W. B., *687
Snyder, S. S., 820
Soloff, L. A., *1111
Sommers, S. C., 517
Sommer, A. R., 1542
Sonne, L. M., 1254
Sonneland, J., 1539
Spain, R. S., *1010
Spellberg, M. A., *442
Spicer, D. W., 1720
Spies, H. W., 58
Spies, T. D., *1599
Spingarn, N. E., 244
Spink, W. W., 724
Sprague, C. C., *1193
Stacey, C. H., 1332
Stähle, I., 1721, 1721
Stallard, H. B., 522
Stammers, F. A. R., 1640
Stanbury, J. B., 1147
Staple, P. H., 951
State, D., 1153
Statland, H., *771
Stefanini, M., 1044
Steffensen, E. H., *1660
Steigman, A. J., *1403
Stein, I. F., Jr., 1637, *1665
Steinbach, H., 1531
Steinbach, H. L., 726, 1432
Steinbrocker, O., *1087
Stephens, C. A. L., Jr., *1084
Stephenson, H. K., Jr., 1339
Stern, W. E., 1039
Sternberger, L. A., *1591
Stetten, D., Jr., *971
Stevenson, C. R., 1154
Stevenson, F. H., 728
Stickney, J. M., *1278
Stieglitz, E. J., *181
Stimson, P. M., 722
Stine, L. A., 818
Stirman, J. A., 1253
Stobbe, H., 1732
Stokes, J., Jr., *739, *750, *757
Stokes, J. H., 1343
Stollerman, G. H., *1571
Stone, C. T., *1655
Stone, M., 516
Stone, R. E., *1599
Stone, R. S., 60, 619
Storm, O., 1437
Stout, A. P., 1425
Stragnell, R., 1040
Strieder, J. W., 1252
Stubbart, F. J., *1092
Sturgis, C. C., *1551
Sturgis, S. H., 1147
Suby, H. I., 1251
Suchowsky, G., 1256
Sucre, A., 524
Sulzberger, M. B., 612
Summers, J. E., 160
Sussman, R. M., 613
Sutliff, W. D., 1636
Sutton, R. L., Jr., *210
Swan, D. M., *32
Swarts, J. M., 818
Swedberg, J., 1254
Swenson, O., 1635
Swiller, S. L., 517
Swinny, B., *464
Sycamore, L. K., 1252
Syner, J. C., 60

T

Tarschner, H., 1732
Tamaki, H. T., *1304
Tanner, E., 1158
Tanzer, R. C., 249
Taylor, H., 1051
Taylor, H. M., 157
Taylor, P. W., 619
Taylor, S. G., III, *1012
Tempel, C. W., *1165
Thamdrup, E., 951
Thannhauser, S. J., 1630
Theis, F. V., *1393
Thévenard, A., 1158
Thiersch, J. B., 718
Thomas, E. W., 955
Thomas, P. B., 160
Thompson, J. L., Jr., 1636
Thompson, M. W., 1629
Thompson, W. T., Jr., 431
Thorpe, J. J., 1726
Tickner, A., 1729
Tikellis, I. J., *1301
Tillett, C. W., 156
Tillim, S. J., 1719
Töppner, R., 1256
Toomb, C. J., 246
Top, F. H., *534, 1725
Topping, N. H., *541
Tourney, G., 1249
Traut, E. F., *785
Tregillus, J., 1156
Treves, N., 1343
Trimble, I. R., 157
Trippel, O. H., *1269, (correction) 1699
Trivella, P., 1159
Trummert, W., 1728
Tuczek, H., 1052
Tulin, M., *559
Tumulty, P. A., 59
Tunis, B., 1145
Tupper, W. R. C., 1349
Turner, H. B., 516
Turner, J., 731
Turner, L., *1111
Twin, E. J., *1106
Tyner, G. S., 155

U-V

Unger, A. H., *562, (correction) 1131, (correction) 1231, 1631
Unger, L., *562, (correction) 1131, (correction) 1231, 1631
Vaccaro, J. E., *1115
Valentine, W. N., *154
del Valle y Adaro, R., 1158
Vance, F. V., Jr., 828
Van Cuveld, S., 955
ten den Noort, G., 247
van der Plas, M. C., 519
van Essen, A. G., 1351
van Flett, W. H., 1535
van Goidsenhoven, F., 620
Van Vactor, H. D., (correction) *500
Van Zwalenburg, B. R., 1146
Vecchietto, G., 1344
Veeneklaas, G. M. H., 1154
Verdeaux, G., 621
Verhagen, H., 1259
Viar Flores, J., 1352
Vieta, J. O., 512
Vincenti, M., *83
Vinson, P. P., *810
Volk, H., *213, (correction) 1322
Voyles, C. M., Jr., 250

W

Wackenheim, A., 252
Wade, H. W., 246
Wadhwani, T. K., 162
Wagner, K. F., 432
Waife, S. O., 131
Waisman, P. L., *581
Wakim, K. G., 822
Walcher, D. N., 723
Waldbott, G. L., 1427, 1512
Waldman, S., 1511
Waldron, J. M., 1248
Walker, A. E., 1029
Walker, J. H., *438
Walker, W., 1728
Wallace, A. B., 1721
Wallace, S., 1534
Waller, J. I., 1633
Walley, R. V., 729
Wallis, H., 524, 524
Walsh, J. R., 249
Walsh, N. F., 520
Walters, M., 154
Walther, R., 1541
Walzer, I., 618
Wang, I., 956
Wangensteen, O. H., 60
Wanner, J., 1158
Ward, C. G., *217
Ward, G. E., *1099
Warren, S., 1620
Warsa, R., 1155
Watson, E. M., 1629
Watson, J. R. H., 251
Watson, T. A., 829
Waugh, D., 512
Wayne, E. J., 1435
Weaver, J. C., 1343
Webster, H. D., Jr., 156
Weder, A., 1260
Wegmann, T., 1352
Wehrle, P. F., 430, *737
Wehrlin, H., 1158
Weichselbaum, T. E., 821
Weinert, H. V., *992
Weinstein, M., 1641
Weinstein, V., 1428
Weir, J. F., 1533
Welsman, A. L., *1209, (correction) 1322
Weiss, W., 431
Wellen, I., 1340
Wellman, W. E., 1044
Werkö, L., 1151
Wessler, S., 1538
West, C. D., 1628, 1629
West, H. F., 1729
Westerman, R. D., 516
Westhaus, H., 1638
Westly, G. T., 1247
Wetrich, R. A., *1308
Wewalka, F., 1732
Weyland, W., 1352
White, C. M., 1251
White, J. N., 514
White, J. W., 824
White, R. R., 249
Whitehead, R. E., 509
Whitman, M. A., *1304
Whitmore, W. F., Jr., 1628, 1629
Widmer, U., 1351
Wiersema, M. U., 1259
Wilder, H. C., 1246
Wiles, P., 521
Wilkerson, H. L. C., 616
Wilkins, L., 1043
Wilkinson, K. W., 620
Williams, E. R., 1434
Williams, G. H., Jr., *930
Wilmot, A. J., 1349
Wilner, W. K., Jr., 718
Wilson, J. L., *539
Wilson, J. W., *1002
Wilson, R., 727
Wilson, S. J., 819
Wilthew, G. A., 1650

150
952

Winblad, S., 1717
Windorfer, A., 1543
Winkelman, N. W., 1042
Wissler, R. W., 616
Witter, G. L., 618
Wolff, F. W., 1051
Wolfson, I. N., 719
Wolfson, W. Q., 826
Wolman, B., 1541, 1543
Womack, N. A., 821
Wood, J. C., *1484
Wood, P., 161
Woodruff, C. E., 1531
Woods, F. M., *438
Workman, J. B., 826, *1556
Worrell, C. H., 249
Wraith, D. G., 956
Wright, E. A., 1436
Wright, G. P., 1436
Wright, P. R., 521
Wróblewski, F., *1212
Wulff, H. B., 1717

V

Yager, R. H., 1044
Yahr, M. D., *663
Yeager, R. L., 56
Yeoman, E. E., *1004
Yohn, D., 52
Young, D., 817
Young, H. H., 721
Young, J. H., 728
Young, J. M., *1295

Z

Zak, F. G., 1535
Zapata-Diaz, J., 614
Zatuchni, J., *1111
Zeitlhofer, J., 732
Zeller, M., *31
Zelman, S., 1246
Zeluff, G. W., *582
Zeman, W., 1541
Zimmer, A., 523
Zimmermann, B., 60
Zinsser, H. F., Jr., *1200
Zohman, B. L., 614
Zoll, P. M., 1538
Zollinger, R. M., 56
Zubiren, J. M., 1339
Zucker, R., 613
Zuckner, J., 1154
Zuidema, P. J., 622
Zuschneid, K., 524
Zwerglus, E., 1641

INDEX TO PAGES

OF THE JOURNAL, ACCORDING TO WEEKLY ISSUES—VOLUME 150

Pages	No.	Date
1– 66	1	Sept. 6
67– 168	2	Sept. 13
169– 258	3	Sept. 20
259– 434	4	Sept. 27
435– 528	5	Oct. 4
529– 630	6	Oct. 11
631– 738	7	Oct. 18
739– 836	8	Oct. 25
837– 958	9	Nov. 1
959–1060	10	Nov. 8
1061–1164	11	Nov. 15
1165–1308	12	Nov. 22
1309–1362	13	Nov. 29
1363–1446	14	Dec. 6
1447–1550	15	Dec. 13
1551–1646	16	Dec. 20
1647–1800	17	Dec. 27

Educational Number: Sept. 13
Internship and Residency Number: Sept. 27
Denver Clinical Session, Program: Nov. 1
Proceedings: Dec. 27
Reports of Officers: Nov. 1
Postgraduate and Continuation Courses: Dec. 13

AN EFFECTIVE CONTROL MEASURE
IN
CARDIOVASCULAR RENAL DISEASE

SEARLE
AMINOPHYLLIN*
PROVIDES COMBINED THERAPY:
EFFICIENT DIURESIS, MYOCARDIAL STIMULATION,
PERIPHERAL VASODILATION

Searle Aminophyllin is particularly suitable for the effective treatment of cardiovascular renal disease.

Also indicated in:
cardiac edema · bronchial asthma · status asthmaticus · Cheyne-Stokes respiration · pulmonary edema · paroxysmal dyspnea of congestive heart failure

AMPULS · POWDER · TABLETS · SUPPOSICONES®

*Contains at least 80 per cent of anhydrous theophylline.

SEARLE RESEARCH IN THE SERVICE OF MEDICINE

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

535 N. Dearborn St. Chicago 10, Ill.
Phone WH 4-1500 Cable Address "Medic" Chicago

SUBSCRIPTION RATES

Price per annum in advance, including postage: Domestic, $15. Canadian, $16.50. Foreign, $19. Price to students, interns and residents: $9.00.

Domestic rates include United States and possessions, Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guam, Guatemala, Mexico, Nicaragua, Paraguay, Peru, Republic of Honduras, Salvador, Samoa, Spain, Uruguay.

SINGLE COPIES of this and previous calendar year, 45 cents; two years old, 50 cents; three years old, 55 cents; in other words, 5 cents additional is charged for each year preceding the last calendar year.

REMITTANCES should be made by check, draft, registered letter, money or express order. *Currency should not be sent unless the letter is registered.* Stamps in amounts under one dollar are acceptable. Make all checks, etc., payable to "AMERICAN MEDICAL ASSOCIATION."

WARNING: Pay no money to an agent unless he presents a letter showing authority for making collection.

CHANGE OF ADDRESS notice should be received at least 3 weeks prior to date change is to go into effect, and should state whether change is permanent or temporary. Both old and new address should be given.

WHEN COMMUNICATIONS concern more than one subject—manuscript, news items, reprints, change of address, payment of subscription, membership, information wanted, etc.—correspondents will confer a favor and will secure more prompt attention if they will write on a separate sheet for each subject.

CONTRIBUTORS

EXCLUSIVE PUBLICATION: Articles are accepted for publication on condition that they are contributed solely to this journal.

COPYRIGHT: Matter appearing in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION is covered by copyright. Permission will be granted on request for the reproduction in reputable publications of anything in the columns of THE JOURNAL if proper credit is given. However, the reproduction for commercial purposes of articles appearing in THE JOURNAL or in any of the special journals published by the Association will not be permitted.

MANUSCRIPTS: Manuscripts should be typewritten, double-spaced and the original, not the carbon copy submitted unrolled. Carbon copies, or single-spaced manuscripts will not be considered. Footnotes and bibliographies should conform to the style of the Quarterly Cumulative Index Medicus published by the American Medical Association. This requires in the order given: name of author, title of article, name of periodical, with volume, page, month—day of month if weekly—and year. Because of lack of space, it is necessary to limit the number of bibliographic footnotes to twelve. Others may be included in reprints, however, at the expense of the author. Unused manuscripts are returned by regular mail. *Used manuscripts are not returned.*

ILLUSTRATIONS: Half-tones and zinc etchings will be furnished by THE JOURNAL when satisfactory photographs or drawings are supplied by the author. Each illustration, table, etc. should bear the author's name on the back. Photographs should be clear and distinct; drawings should be made in black ink on white paper. Used photographs and drawings are returned after the article is published.

PRICE LIST

A price list describing the various publications of the Association will be sent on request.

AMERICAN MEDICAL ASSOCIATION
535 N. DEARBORN STREET, CHICAGO 10

For hospital and convalescent patients..
a between-meal nourishment that provides...

greater nutritive values at lower cost!

Meritene®
Fortified
Whole Protein Supplement

A MERITENE milk shake supplies 26 percent more protein and 196 percent more iron than an eggnog... and costs 12.5 percent less (on basis of 25-lb. institutional size).

NOTE THE MERITENE EXTRAS!

	*Eggnog	MERITENE Milk Shake
Protein	12.5 Gm.	15.8 Gm.
Fat	12.6 Gm.	8.0 Gm.
Carbohydrate	17.7 Gm.	25.5 Gm.
Calcium	0.24 Gm.	0.5 Gm.
Phosphorus	0.27 Gm.	0.4 Gm.
Iron	1.5 mg.	4.4 mg.
Vitamin A	843 I.U.	1745 I.U.
Thiamine	0.12 mg.	0.7 mg.
Riboflavin	0.45 mg.	1.6 mg.
Niacin	0.2 mg.	6.4 mg.
Ascorbic Acid	2.0 mg.	26.4 mg.
Vitamin D	30 I.U.	150 I.U.
Calories	233	737

*Eggnog nutritive values from Bowes, A. de P., and Church, C. F.: Food Values of Portions Commonly Used, ed. 7, Philadelphia, College Offset Press, 1951.

SUPPLIED: In 1-lb. cans, plain or chocolate flavor; retails at $1.65 per lb. Also available in 5-lb. economy size and 25-lb. hospital size.

EASY TO PREPARE...TASTES GOOD!

For free sample
Just clip the coupon below

THE DIETENE COMPANY MA-12272
3017 FOURTH AVENUE SOUTH, MINNEAPOLIS 8, MINN.
Please send me a generous free sample of MERITENE, the fortified whole-protein supplement, and descriptive literature.

Name _____ M.D.
(Please Print)
Address _____
City _____ Zone ____ State ____

Classified Advertisements

PERSONAL CLASSIFIED ADS

For personal classified advertisements the rate is $7 per insertion for 30 words or less, additional words 25c each.

SEMI-DISPLAY ANNOUNCEMENTS

FOR PERSONAL CLASSIFIED ADVERTISEMENTS set in bold type (like this paragraph) the rate is $8.75 per insertion for 30 words or less, additional words 30c each.

FREE INSERTIONS

Results are better when an advertisement receives several insertions, and to those who remit for four consecutive insertions of a classified advertisement, two additional insertions will be offered free of charge, provided the first four do not result in a satisfactory acceptance of the offer. Requests for free insertions must be received within two weeks following date of fourth insertion.

COMMERCIAL CLASSIFIED ADS

For classified advertisements of a commercial or promotional nature, the rate is $9 per insertion for 20 words or less, additional words 30c each. For semi-display, $11.25 for 20 words or less, additional words 40c each. This rate is given for **EACH INSERTION,** no free insertions.

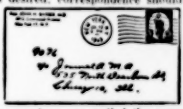
CLASSIFIED ADS ARE PAYABLE IN ADVANCE

BOX NUMBER ADVERTISEMENTS

A fee of 45c is charged to have answers sent care of A.M.A. Count 4 words for box number instructions. Letters sent in care of THE JOURNAL are forwarded directly to the advertiser as received.

INQUIRIES ABOUT BOX NUMBER ADVERTISEMENTS

THE JOURNAL is not permitted to divulge the identity of advertisers who have their mail sent care of A.M.A. If further information about an ad of this type is desired, correspondence should be addressed directly to the advertiser in this manner.



All replies to key numbers are mailed the same day as received.

Physicians who are not members of county medical societies should submit professional references with their advertisements and thus avoid delay.

The right is reserved to reject or modify all advertising copy in conformity with the rules of the Advertising Committee.

All questionable items will be excluded from these columns and notification of any misrepresentation seen by readers will be appreciated.

CLASSIFIED ADVERTISING FORMS CLOSE MONDAY NOON 12 DAYS PRIOR TO THE DATE OF ISSUE

Journal A.M.A., 535 N. Dearborn St., Chicago 10

ASSISTANTS WANTED

WANTED—BY A DIPLOMATE IN ENT AND WELL trained in eye, an assistant; fully trained in eye and some training in ENT; in a town of 20,000; North Carolina. Box 3027 B, % AMA.

OPENING — FOR AMBITIOUS YOUNG GENERAL practitioner; in long established office; promising future; attractive partnership or other affiliation offered. Please reply fully. Department A, Kern County Medical Society, 1300 Chester Ave., Bakersfield, California. B

PHYSICIANS WANTED

OPPORTUNITY FOR GENERAL PRACTICE — IN small Michigan town; the village of Ashley, Michigan, with its 446 inhabitants and 7 smaller communities within its fertile farming area of 300 square miles; urgently need a doctor to fill the vacancy in March '53 when its only doctor is to be inducted into the Armed Forces; the present doctor has a large and very active general practice, being the only MD in all of southern Gratiot County with large adjoining areas in the other counties of Clinton, Saginaw, and Montcalm; adequate hospital facilities are in Alma, 22 miles north and in St. Johns, 18 miles south. If interested, immediately contact: the Village Mayor or Dr. V. L. Sheline. C

WANTED—IMMEDIATELY, GENERAL SURGEON; TO take over surgery in a busy mid-west 5 man clinic; clinic owns and operates fully accredited 65 bed general hospital with accredited nurses training school; present surgeon leaving for military duty March 1st; must have experience in fields of urology, orthopedics, traumatic, and general surgery; excellent opportunity for permanent association in 1 of the busiest surgical practices in Mid-West; financial arrangements open to discussion. Box 3065 C, % AMA.

WANTED — ASSISTANT; COAL FIELDS, GENERAL practice; salary $700 per month and extras; OB, private practice; will run over $350; 4 room house; West Virginia license or eligible; draft exempt; furnish your own car; at once. Box 3053 C, % AMA.

(Continued on page 44)

150
952